Fill in this information to identify your case:		1	
United States Bankruptcy Court for the:			
Northern District of: Illinois (State)			
Case number (if known)	Chapter you are filing under:		
	Chapter 7 Chapter 11		
	Chapter 12 ✓ Chapter 13	1	Check if t

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself	f .	
	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1. Your full name	Sherry First name	Michael First name
Write the name that is on your government-issued picture identification (for example, your driver's license or passport	Middle name Smith Last name	Middle name Smith Last name
Bring your picture identification to your meeting with the trustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2. All other names you have used in the last 8 years	First name	First name
Include your married or	Middle name	Middle name
maiden names.	Last name	Last name
	First name	First name
	Middle name	Middle name
	Last name	Last name
3. Only the last 4 digits of your Social Security	XXX - XX- <u>2730</u>	xxx - xx- <u>6594</u>
number or federal Individual Taxpayer Identification number (ITIN)	OR 9 xx - xx-	OR 9 xx - xx-
ii diii dii (ii ii ii)		

Case 16-32211 Doc 1 Filed 10/10/16 Entered 10/10/16 09:30:30 Desc Main Document Page 2 of 70

	First Name	Middle Name	Last Name	Case number (ii knowi		-	
		About Debtor 1:		About Debtor	r 2 (Spouse Only	in a Joint Case):	
4.	Any business names and Employer Identification	✓ I have not used any busines	s names or EINs.	✓ I have not us	sed any business name	es or EINs.	
	Numbers (EIN) you have used in the	Business name		Business nam	ie		
last 8 years		Business name		Business nam	ie		
	Include trade names and doing business as names	EIN		EIN			
		EIN		EIN			
5.	Where you live	338 Manitowac			es at a different addre	ess:	
		Number Street		338 Manitowac St Number	t. Street		
		Park Forest Illinois City State	60466 Zip Code	Park Forest City	Illinois State	60466 Zip Code	
		Cook County		Cook County			
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.		If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
		Number Street		Number	Street		
		City State	Zip Code	City	State	Zip Code	
6.	Why you are choosing this	Check one:		Check one:			
	district to file for bankruptcy	Over the last 180 days before lived in this district longer the			st 180 days before filing district longer than in a		
		I have another reason. Expla	ain. (See 28 U.S.C. §§ 1408.)	I have anoth	ner reason. Explain. (Se	ee 28 U.S.C. §§ 1408.)	

Case 16-32211 Doc 1 Filed 10/10/16 Entered 10/10/16 09:30:30 Desc Main Document Page 3 of 70

	First Name	Middle Name	Last Name		Case number (ii know				
Par	t 2: Tell the Court Ab								
	The chapter of the Bankruptcy Code you are choosing to file under		rief description of each, see <i>Notic</i> the top of page 1 and check the ap			(b) for Individuals	s Filing for Bankruptcy (Form		
	How you will pay the fee	court for mor may pay with on your beha I need to pay Individuals to I request that By law, a judgless than 150 the fee in ins	e entire fee when I file me details about how you me cash, cashier's check, or lf, your attorney may pay by the fee in installments. Pay Your Filing Fee in Installment with my fee be waived (You ge may, but is not required 10% of the official poverty litallments). If you choose that my fee Waived (Official Formal Fee Waived (Official Formal Fee Waived (Official Formal Fee Waived)	nay pay. To money of with a creed of the stallments (may required to, waive that aptitis option	rypically, if you rder If your a dit card or checoose this option (Official Form 1) est this option e your fee, and oplies to your fan, you must fill	are paying the ttorney is subset to the ttorney is subset to make the total and at the total are the	ne fee yourself, you printing your payment printed address. tach the <i>Application for</i> e filing for Chapter 7. Inly if your income is		
	Have you filed for bankruptcy within	□ No.							
	the last 8 years?	✓ Yes. District _	Northern District of Illinois	When	1/3/2011 MM / DD / YYYY	Case number _	11-00113		
		District	Northern District of Illinois	When	1/3/2011	Case number	11-00113		
					MM / DD / YYYY	_			
		District _		When	MM / DD / YYYY	Case number _			
	Are any bankruptcy cases pending or being filed by a	✓ No. Yes. Debtor				Relationship to	/ou		
	spouse who is not	District _		When		Case number, if	known		
	filing this case with you, or by a	Debtor			MM / DD / YYYY	Relationship to	vou		
	business partner, or	District		When		Case number, if	·		
	by an affiliate?	-			MM / DD / YYYY		-		
11.	Do you rent your residence?	_	12. landlord obtained an eviction judgr Go to line 12.	ment against	i you and do you wa	nt to stay in your	residence?		
		Yes. Fill out <i>Initial Statement About an Eviction Judgment Against You</i> (Form 101A) and file it with this bankruptcy petition.							

Case 16-32211 Doc 1 Filed 10/10/16 Entered 10/10/16 09:30:30 Desc Main Document Page 4 of 70

Debtor 1 Sherry First Name		Mide		Smith Last Name	Case number (if kno	wn)	
Part 3: Report About Any	y Bus						
12. Are you a sole proprietor of any full- or part-time business? A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.		No.	Go to Part 4. Name and location of both statements are statements and location of both statements and location of both statements are statements and location of both statements and location of both statements and location of both statements are statements and location of both statements are statements and location of both statements and location of both statements are statements and location of both statements are statements and location of both statements are statements and location of both statements a	Street Street Street Street Street Street Street Street	11 U.S.C. § 101(27A)) d in 11 U.S.C. § 101(51B)) § 101(53A))	Zip Code	
13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? For a definition of small business debtor, see 11 U.S.C. § 101(51D).	dead opera	llines. If y ations, ca C. § 11 1 No.	ou indicate that you are a ash-flow statement, and a 6(1)(B). I am not filing under Ch I am filing under Chapt Bankruptcy Code.	a small business deb federal income tax re napter 11. eer 11, but I am NOT	ether you are a small busin for, you must attach your m turn or if any of these docu a small business debtor ac	nost recent balance shaments do not exist, for the notes of the conding to the definition	neet, statement of ollow the procedure in 11
Part 4: Report if You Ow	n or l	Have A	Any Hazardous Pro	operty or Any P	roperty That Needs	Immediate Atte	ntion
14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?			What is the hazard? If immediate attention is numbers of the property?	needed, why is it nee Number	ded? Street		
For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?				City	State		Zip Code

Case 16-32211 Doc 1 Filed 10/10/16 Entered 10/10/16 09:30:30 Desc Main Document Page 5 of 70

Debtor 1 Sherry Smith Case number (if known)

First Name Middle Name Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: 15. Tell the court whether you have I received a briefing from an approved credit ✓ I received a briefing from an approved credit received briefing counseling agency within the 180 days before I filed counseling agency within the 180 days before I filed about credit this bankruptcy petition, and I received a certificate of this bankruptcy petition, and I received a certificate of counseling. completion. completion. Attach a copy of the certificate and the payment plan, if any, Attach a copy of the certificate and the payment plan, if any, The law requires that that you developed with the agency. that you developed with the agency. you receive a briefing about credit I received a briefing from an approved credit I received a briefing from an approved credit counseling agency within the 180 days before I filed counseling agency within the 180 days before I filed counseling before this bankruptcy petition, but I do not have a this bankruptcy petition, but I do not have a you file for certificate of completion. certificate of completion. bankruptcy. You must truthfully check Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment one of the following plan, if any. plan, if any. choices. If you cannot do so, you are I certify that I asked for credit counseling services I certify that I asked for credit counseling services not eligible to file. from an approved agency, but was unable to obtain from an approved agency, but was unable to obtain those services during the 7 days after I made my those services during the 7 days after I made my If you file anyway, request, and exigent circumstances merit a 30-day request, and exigent circumstances merit a 30-day temporary waiver of the requirement. temporary waiver of the requirement. the court can dismiss your case, you will To ask for a 30-day temporary waiver of the requirement, To ask for a 30-day temporary waiver of the requirement, lose whatever filing attach a separate sheet explaining what efforts you made to attach a separate sheet explaining what efforts you made to fee you paid, and obtain the briefing, why you were unable to obtain it before obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances you filed for bankruptcy, and what exigent circumstances your creditors can required you to file this case. required you to file this case. begin collection activities again. Your case may be dismissed if the court is dissatisfied with Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for your reasons for not receiving a briefing before you filed for bankruptcy. bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, the payment plan you developed, if any. If you do not do so, your case may be dismissed. your case may be dismissed. Any extension of the 30-day deadline is granted only for Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: Incapacity. I have a mental illness or a mental Incapacity. I have a mental illness or a mental deficiency that makes me incapable of deficiency that makes me incapable of realizing or making rational decisions realizing or making rational decisions about finances. Disability. My physical disability causes me to be Disability. My physical disability causes me to be unable to participate in a briefing in unable to participate in a briefing in person, by phone, or through the person, by phone, or through the internet, even after I reasonably tried internet, even after I reasonably tried to do so. to do so. Active duty. Active duty. I am currently on active military duty in I am currently on active military duty in a military combat zone. a military combat zone. If you believe you are not required to receive a briefing If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of about credit counseling, you must file a motion for waiver of

credit counseling with the court.

credit counseling with the court.

Case 16-32211 Doc 1 Filed 10/10/16 Entered 10/10/16 09:30:30 Desc Main Document Page 6 of 70

Debtor 1 Sherry		Smith Case number (if kno	wn)			
First Name Part 6: Answer These Qu	Middle Name uestions for Reporting Purpor	Last Name SeS				
16. What kind of debts do you have?	16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts.					
17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	at Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? No. Yes.					
18. How many creditors do you estimate that you owe?	✓ 1-49 ☐ 50-99 ☐ 100-199 ☐ 200-999	1,000-5,000 5,001-10,000 10,001-25,000	☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than 100,000			
19. How much do you estimate your assets to be worth?	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion			
20. How much do you estimate your liabilities to be?	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion			
Part 7: Sign Below						
For you	and correct. If I have chosen to file under (11,12, or 13 of title 11, United choose to proceed under Chap If no attorney represents me ame fill out this document, I have I request relief in accordance I understand making a false st	Chapter 7, I am aware that I may pro States Code. I understand the relief oter 7. and I did not pay or agree to pay som we obtained and read the notice requivith the chapter of title 11, United Statement, concealing property, or obtained case can result in fines up to \$250,0052, 1341, 1519, and 3571. Solution	available under each chapter, and I neone who is not an attorney to help ired by 11 U.S.C. § 342(b). ates Code, specified in this petition. raining money or property by fraud in 00, or imprisonment for up to 20 hael Smith of Debtor 2			

Case 16-32211 Doc 1 Filed 10/10/16 Entered 10/10/16 09:30:30 Desc Main Document Page 7 of 70

Debtor 1	Sherry		Smith	Case number ((if known)
	First Name	Middle Name	Last Name		
you are by one If you a represe		eligibility to proceed up the relief available und to the debtor(s) the no certify that I have no ke petition is incorrect.	nder Chapter 7, 11, 12 der each chapter for v tice required by 11 U.	2, or 13 of title 11, U which the person is 6 S.C. § 342(b) and, in	hat I have informed the debtor(s) about nited States Code, and have explained eligible. I also certify that I have delivered in a case in which § 707(b)(4)(D) applies, ation in the schedules filed with the
need to	file this page.	/s/ Sean McNulty Signature of Attorney	for Debtor	Date	10/10/2016 MM / DD / YYYY
		Sean McNulty Printed name Semrad Law Firm Firm name 11101 S. Western Ave	nue		
		Chicago		Illinois	60643
		City Contact phone	5555555555	State Email address	Zip Code smcnulty@semradlaw.com
			00000000	Linali address	Sinchulty @ Serif adiaw.com
				Illino	ois
		Bar number		State	e

Case 16-32211 Doc 1 Filed 10/10/16 Entered 10/10/16 09:30:30 Desc Main Document Page 8 of 70

Fill in this information to identify your case:						
Debtor 1	Sherry		Smith			
	First Name	Middle Name	Last Name	-		
Debtor 2	Michael		Smith			
(Spouse, if filing) First Name		Middle Name	Last Name	-		
United States Bankruptcy Court for the:		Northern	District of Illinois (State)	-		
Case number (If known)						

Check if this is an
amended filing

12/15

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Part 1: Summarize Your Assets	
	Your assets Value of what you own
1. Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$60,090.00
1b. Copy line 62, Total personal property, from Schedule A/B	\$14,450.00
1c. Copy line 63, Total of all property on Schedule A/B	\$74,540.00
Part 2: Summarize Your Liabilities	
	Your liabilities Amount you owe
 Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D 	\$86,133.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$26,882.00
Your total liabilities	\$113,015.00
Part 3: Summarize Your Income and Expenses	
4. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$3,405.33
Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22, Column A, of Schedule J	\$2,680.00

Case 16-32211 Doc 1 Filed 10/10/16 Entered 10/10/16 09:30:30 Desc Main Document Page 9 of 70

De	otor 1	Sherry		Smith	Case n	umber (if known)			
		First Name	Middle Name	Last Name					
Par	t 4:	Answer These Question	ns for Administrati	ve and Statistical R	ecords				
6. A	6. Are you filing for bankruptcy under Chapters 7, 11, or 13?								
		o. You have nothing to report o	n this part of the form. Ch	eck this box and submit th	is form to the co	urt with your other schedul	es.		
	✓ Ye	es.							
7. \	Vhat I	kind of debt do you have?							
		our debts are primarily cons amily, or household purpose. 11			, ,	, ,			
		our debts are not primarily on the state of the court with your of		ve nothing to report on this	s part of the form	n. Check this box and subm	nit		
8.		the <i>Statement of Your Cur</i> 122A-1 Line 11; OR , Form 122	•	1,7,7	onthly income fro	m Official	\$3,540.84		
9.	Cop	by the following special cate	gories of claims from P	art 4, line 6 of Schedule	E/F:				
	From Part 4 on Schedule E/F, copy the following:				Total claim				
	9a. I	Domestic support obligations (Copy line 6a.)			\$0.00			
	9b. ⁻	Taxes and certain other debts ye	ou owe the government. (Copy line 6b.)		\$0.00			
	9c. (Claims for death or personal inj	ury while you were intoxid	cated. (Copy line 6c.)		\$0.00			
	9d. \$	Student loans. (Copy line 6f.)				\$0.00			
		Obligations arising out of a seprity claims. (Copy line 6g.)	aration agreement or divo	orce that you did not repo	rt as	\$0.00			
	9f. E	Debts to pension or profit-sharing	ng plans, and other simila	ar debts. (Copy line 6h.)		\$0.00			
	9g. '	Total. Add lines 9a through 9f.				\$0.00			

Case 16-32211 Doc 1 Filed 10/10/16 Entered 10/10/16 09:30:30 Desc Main Document Page 10 of 70

Fill in this	information to identify your cas	e:					
Debtor 1	Sherry			Smith			
	First Name	Middle	Name	Last Name			
Debtor 2	Michael			Smith			
(Spouse,	if filing) First Name	Middle	Name	Last Name			
United St	ates Bankruptcy Court for the:	Northern		District of Illinois (State)			
Case nun				(State)			
Officia	al Form 106A/B				1		Check if this is an amended filing
Sche	dule A/B: Prope	erty					12/1
category v responsib write your Part 1:	where you think it fits best. E ble for supplying correct info name and case number (if k Describe Each Reside	e as complete ar rmation. If more nown). Answer e nce, Building,	nd accurate space is ne very questi Land, or	only once. If an asset fits in more as possible. If two married peopeded, attach a separate sheet ton. Other Real Estate You Oence, building, land, or similar page.	ple are to this fo	filing together, both are corm. On the top of any a	equally dditional pages,
	No. Go to Part 2	quitable interest i	n any resid	ence, building, land, or similar p	property	18	
✓	Yes. Where is the property?						
1.1	Street address, if available, o	other description	Single	the property? Check all that apply e-family home	y.	the amount of any secure	laims or exemptions. Put ed claims on Schedule D: aims Secured by Property.
	338 Manitowac			ex or multi-unit building		Current value of the	Current value of the
	Number Street			ominium or cooperative factured or mobile home		entire property?	portion you own?
	Deal Francis III's a's	00.400		liactured of mobile nome		\$60090.00	\$60090.00
	Park Forest Illinois City State	60466 Zip Code	Land	tons and a reason and a		Describe the nature of	vour ownership
	-	Lip Codo		tment property		interest (such as fee si	mple, tenancy by
	Cook County		Times			the entireties, or a life	estate), if known.
	Codiny		one. Debto Debto Debto At lea	s an interest in the property? Clor 1 only or 2 only or 1 and Debtor 2 only st one of the debtors and another ormation you wish to add about		Check if this is con (see instructions)	mmunity property
If you	own or have more than one, list	horo:	property	identification number:			
1.2	Street address, if available, o			the property? Check all that apply e-family home	y.	the amount of any secure	laims or exemptions. Put ed claims on Schedule D: aims Secured by Property.
		other description	Cond	ex or multi-unit building ominium or cooperative ifactured or mobile home		Current value of the entire property?	Current value of the portion you own?
			Land				
	Number Street			tment property		Describe the nature of	
				share		interest (such as fee si the entireties, or a life	
	City State	Zip Code	Other	•			estate), ii kilowii.
			one.	s an interest in the property? Cl or 1 only or 2 only	neck	Check if this is con (see instructions)	mmunity property

Debtor 1 and Debtor 2 only

At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Case 16-32211 Doc 1 Filed 10/10/16 Entered 10/10/16 09:30:30 Desc Main Document Page 11 of 70

Debt	tor 1	Sherry		Smit		Case number	(if known)	
		First Name	Middle Name	Last N				
1.3				What is the prop	erty? Check all that app	oly.	Do not deduct secured conthe amount of any secure	laims or exemptions. Put ed claims on <i>Schedule D:</i>
	Stre	et address, if available, or ot	her description	Duplex or mult			Creditors Who Have Cla	aims Secured by Property.
				Condominium	ŭ		Current value of the	Current value of the
				=	•		entire property?	portion you own?
					or mobile home			<u> </u>
	Nun	nber Street		Land			.	
				Investment pro	perty		Describe the nature of interest (such as fee si	•
	City	State	Zip Code	Timeshare Other			the entireties, or a life	
	·							
				Who has an inter	est in the property?	Check one.	Check if this is co	mmunity property
				Debtor 1 only			(see instructions)	
				Debtor 2 only			_	
				Debtor 1 and D	ebtor 2 only			
				At least one of	the debtors and another	•		
				Other information property identific	n you wish to add abo	out this item,	such as local	
2.	Add	the dollar value of the por	rtion you own for			g any entries	s for pages	00.00
		ve attached for Part 1. Wri						90.00
Part.	2:	Describe Your Vehicle	es					
		vn, lease, or have legal or						
Ī		at someone else drives. If yo		•	edule G: Executory Cont	tracts and Une	expired Leases.	
3. Ca	7	ıns, trucks, tractors, sport util	lity vehicles, motor	cycles				
느느	_ No)						
✓	Ye:	S						
	3.1	Make	Hyundai		nterest in the propert	ty? Check		laims or exemptions. Put
		Model:	Tucson	one.				ed claims on Schedule D: aims Secured by Property.
		Year: Approximate mileage:	2013 27186	Debtor 1 c	nly		Creditors with mave Cit	airns Secured by Property.
		Approximate mileage.	27 100	Debtor 2 c	nly		Current value of the	Current value of the
		Other information:		Debtor 1 a	nd Debtor 2 only		entire property?	portion you own?
				At least on	e of the debtors and and	other	\$12050.00	\$12050.00
				Check if t	his is community pro	perty (see		
				instruction		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	3.2	Make	Mazda	Who has an	interest in the propert	ty? Check		laims or exemptions. Put
		Model:	Protege	one.				ed claims on Schedule D:
		Year:	2001	Debtor 1 c	nly		Creditors Who Have Cla	aims Secured by Property.
		Approximate mileage:	130000	Debtor 2 o	nly		Current value of the	Current value of the
		Other information:		Debtor 1 a	nd Debtor 2 only		entire property?	portion you own?
				At least on	e of the debtors and and	other	\$1150.00	\$1150.00
				Check if t	his is community pro	nerty (see		
				instruction				

Case 16-32211 Doc 1 Filed 10/10/16 Entered 10/10/16 09:30:30 Desc Main Document Page 12 of 70

Debtor 1			Smith	Case number	(if known)	
	First Name	Middle Name	Last Name			
3.3	Make		Who has an interest in the pr	operty? Check		d claims or exemptions. Put
	Model: Year:		one.		· ·	cured claims on Schedule D: Claims Secured by Property.
	Approximate mileage:		Debtor 1 only		Creditors who have	Claims Secured by Froperty.
			Debtor 2 only		Current value of th	
	Other information:		Debtor 1 and Debtor 2 only		entire property?	portion you own?
			At least one of the debtors ar			
			Check if this is communit instructions)	y property (see		
			,			
3.4	Make		Who has an interest in the pr	operty? Check		d claims or exemptions. Put
	Model: Year:		one.		•	cured claims on Schedule D: Claims Secured by Property.
	Approximate mileage:		Debtor 1 only		Creditors virio riave	Claims Secured by Froperty.
			Debtor 2 only		Current value of th	
	Other information:		Debtor 1 and Debtor 2 only		entire property?	portion you own?
			At least one of the debtors ar			
			Check if this is communit instructions)	y property (see		
	No Yes					
4.1	Make		Who has an interest in the pr	operty? Check		d claims or exemptions. Put
	Model:		one.		•	cured claims on Schedule D:
	Year:		Debtor 1 only		Creditors Who Have	Claims Secured by Property.
	Approximate mileage:		Debtor 2 only		Current value of th	e Current value of the
	Other information:		Debtor 1 and Debtor 2 only		entire property?	portion you own?
			At least one of the debtors ar	nd another		
			Check if this is communit instructions)	y property (see		
4.2	Make		Who has an interest in the pr	operty? Check	Do not deduct secure	d claims or exemptions. Put
	Model:		one.		•	cured claims on Schedule D:
	Year:		Debtor 1 only		Creditors Who Have	Claims Secured by Property.
	Approximate mileage:		Debtor 2 only		Current value of th	e Current value of the
	Other information:		Debtor 1 and Debtor 2 only		entire property?	portion you own?
			At least one of the debtors ar	nd another		
			Check if this is community instructions)	y property (see		
5. Add	the dollar value of the porti	on you own for all	of your entries from Part 2, inc	luding any entrie	s for pages	\$13200.00
vou ha	ve attached for Part 2. Write	that number here			▶ 3	ψ. O=00.00

Case 16-32211 Doc 1 Filed 10/10/16 Entered 10/10/16 09:30:30 Desc Main Document Page 13 of 70

D	ebtor 1			Smith	Case number (if known)	
		First Name	Middle Name	Last Name		
			our Personal and Househol		ollowing items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
			and furnishings liances, furniture, linens, china, kitcher	nware		
✓	Yes. D	escribe	Misc. Household Goods			\$350.00
	7. Electi Exampl No		s and radios; audio, video, stereo, and	digital equipment; computer	s, printers, scanners; music	
✓	Yes. D	escribe	Misc. Electronics			\$250.00
	Examp		ue and figurines; paintings, prints, or othe in, or baseball card collections; other		•	
	Yes. D	escribe				
	Examp No	les: Sports, ph	orts and hobbies notographic, exercise, and other hobby ss; carpentry tools; musical instruments		bles, golf clubs, skis; canoes	
			es, shotguns, ammunition, and related	l equipment		
L	Yes. D	escribe				
	I1. Clot Examp		clothes, furs, leather coats, designer w	ear, shoes, accessories		
		escribe	Used Clothing			\$225.00
	I 2. Jewe Exampl	•	ewelry, costume jewelry, engagement r er	ings, wedding rings, heirlooi	m jewelry, watches, gems,	
<u>✓</u>	Yes. D	escribe	Misc. Jewelry			\$400.00
	Examp No	-farm animal les: Dogs, cat Describe	s s, birds, horses			
1	l4. Any	other persor	nal and household items you did no	t already list, including an	y health aids you did not list	
✓	No Voc T)ocariba				7
Ш	•	escribe				
			lue of all of your entries from Part 3 number here			\$1225.00

Case 16-32211 Doc 1 Filed 10/10/16 Entered 10/10/16 09:30:30 Desc Main Document Page 14 of 70

Den	First Name	Middle Name	Just Name	Case number (# known)	
Part	First Name Pescribe Your	Financial Assets	Last Name		
		any legal or equitable int	erest in any of the follow	ving?	Current value of the portion you own? Do not deduct secured claims or exemptions.
	Cash Examples: Money you hav	e in your wallet, in your home, in a	safe deposit box, and on hand whe	en you file your petition	
	✓ Yes			Cash:	\$25.00
17.	Examples: Checking, sa	avings, or other financial accounts stitutions. If you have multiple acco			
	✓ Yes		Institution name:		
		17.1. Checking account:	Chase		\$0.00
		17.2. Checking account:			
		17.3. Savings account:			
		17.4. Savings account:			
		17.5. Certificates of deposit:			
		17.6. Other financial account:			
		17.7. Other financial account:			
		17.8. Other financial account:			
		17.9. Other financial account:			
18.		or publicly traded stocks nvestment accounts with brokerag	o firmo, monov market accounts		
	No	Tivestifient accounts with brokerag	e lilitis, money market accounts		
	Yes	Institution or issuer name:			
		-			-
19.	Non-nublicly traded s	tock and interests in incorpora	ated and unincornorated busin	esses including an interest in	
10.	an LLC, partnership,		and and animos, peraisa suom	ooooo, molaamig an intoloot m	
	✓ No	Name of entity		% of ownership:	
	Yes. Give specific information about	·		·	
	them				
		-			

Case 16-32211 Doc 1 Filed 10/10/16 Entered 10/10/16 09:30:30 Desc Main Document Page 15 of 70

Deb	tor 1	Sherry		Smith	Case number (if known)	
		First Name	Middle Name	Last Name		
20.	Neg	otiable instruments ir	orate bonds and other negotia iclude personal checks, cashiers' ints are those you cannot transfer t	checks, promissory notes, and mo	ney orders.	
		information about them	Issuer name:			
21.	Exa		accounts A, ERISA, Keogh, 401(k), 403(b),	thrift savings accounts, or other p	ension or profit-sharing plans	
		No	Type of account:	Institution name:		
	ш	Yes. List each account separately.	401(k) or similar plan:			
		<i>з</i> ерагаtету.	Pension plan:			
			IRA:			
			Retirement account:	-		
			Keogh:			
			Additional account:			
			Additional account:			
22.	You Exa		orepayments deposits you have made so that you vith landlords, prepaid rent, public			
		Yes	Electric:			
			Gas:			
			Heating oil:			
			Security deposit on rental unit:			
			Prepaid rent:			
			Telephone:			
			Water:			
			Rented furniture:			
			Other:			
23.	Ann	nuities (A contract for	a periodic payment of money to y	ou, either for life or for a number of	years)	
		No Yes	Issuer name and description:			
					· · · · · · · · · · · · · · · · · · ·	

Case 16-32211 Doc 1 Filed 10/10/16 Entered 10/10/16 09:30:30 Desc Main Document Page 16 of 70

DCDI	or 1 Sherry First Name		Middle Name	Smith Last Name	Case number (if known)	
24.	Interests in a		n account in a qua		ler a qualified state tuition program	•
	✓ No	350(b)(1), 329A(b), and	329(b)(1).			
	Yes	Institution name and de	escription. Separatel	ly file the records of any interest	s.11 U.S.C. § 521(c):	
25.			ts in property (oth	er than anything listed in line	e 1), and rights or powers	
		or your benefit				
	✓ No Yes. Desc	ribe				1
	<u> </u>					
26.		_		other intellectual property om royalties and licensing agree	ments	
	No No	met domain names, we	ballea, proceeds ne	on royalics and licensing agree	mono	
	Yes. Desc	ribe				
27.		nchises, and other ged ding permits, exclusive		ive association holdings, liquor	licenses, professional licenses	
	✓ No					
	Yes. Desc	ribe				
						1
Mor	ney or prope	erty owed to you	?			Current value of the portion you own? Do not deduct secured
						claime or exemptions
28.	Tax refunds o	wed to you				claims or exemptions.
28.	✓ No					
28.	✓ No Yes. Give s	wed to you specific information t them, including wheth	er er		Federal:	\$0.00
28.	✓ No Yes. Give s abou you a	specific information t them, including wheth Ilready filed the returns	ər		Federal: State:	
	Yes. Give sabou you a and t	specific information t them, including whethe Ilready filed the returns he tax years	ər			\$0.00
	Yes. Give s abou you a and t	specific information t them, including whethe Ilready filed the returns he tax years		, child support, maintenance, div	State:	\$0.00 \$0.00
	Yes. Give s abou you a and t	specific information t them, including whethe Ilready filed the returns he tax years		, child support, maintenance, div	State: Local: orce settlement, property settlement	\$0.00 \$0.00 \$0.00
	Yes. Give s abou you a and t Family support Examples: Past	specific information t them, including whethe Ilready filed the returns he tax years		, child support, maintenance, div	State: Local: orce settlement, property settlement Alimony:	\$0.00 \$0.00 \$0.00
	Yes. Give s abou you a and t Family support Examples: Past	specific information t them, including whether lready filed the returns he tax years rt due or lump sum alimo		, child support, maintenance, div	State: Local: orce settlement, property settlement Alimony: Maintenance:	\$0.00 \$0.00 \$0.00 \$0.00
	Yes. Give s abou you a and t Family support Examples: Past	specific information t them, including whether lready filed the returns he tax years rt due or lump sum alimo		, child support, maintenance, div	State: Local: Orce settlement, property settlement Alimony: Maintenance: Support:	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00
	Yes. Give s abou you a and t Family support Examples: Past	specific information t them, including whether lready filed the returns he tax years rt due or lump sum alimo		, child support, maintenance, div	State: Local: orce settlement, property settlement Alimony: Maintenance:	\$0.00 \$0.00 \$0.00 \$0.00
29.	✓ No Yes. Give s abou you a and t Family suppor Examples: Past ✓ No Yes. Give s	specific information t them, including whether lready filed the returns he tax years rt due or lump sum alimon specific information	ony, spousal support,	, child support, maintenance, div	State: Local: Orce settlement, property settlement Alimony: Maintenance: Support:	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00
29.	✓ No Yes. Give s abou you a and t Family suppor Examples: Past ✓ No Yes. Give s Other amount Examples: Unp	specific information t them, including whether liready filed the returns he tax years rt due or lump sum alimon specific information s someone owes you aid wages, disability ins	ony, spousal support,	disability benefits, sick pay, vacat	State: Local: Orce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement:	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
29.	✓ No Yes. Give s abou you a and t Family suppoi Examples: Past ✓ No Yes. Give s Other amount Examples: Unp Soc	specific information t them, including whether liready filed the returns he tax years rt due or lump sum alimon specific information	ony, spousal support,	disability benefits, sick pay, vacat	State: Local: Orce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement:	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
29.	✓ No Yes. Give s abou you a and t Family suppor Examples: Past ✓ No Yes. Give s Other amount Examples: Unp	specific information t them, including whether liready filed the returns he tax years t due or lump sum alimon specific information s someone owes you aid wages, disability ins ial Security benefits; un	ony, spousal support,	disability benefits, sick pay, vacat	State: Local: Orce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement:	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

Case 16-32211 Doc 1 Filed 10/10/16 Entered 10/10/16 09:30:30 Desc Main Document Page 17 of 70

Deb	otor 1 Sherry	Smith	Case number (if known)	
	First Name Middle Name	Last Name		
31.	Interests in insurance policies Examples: Health, disability, or life insurance; health, disability, disabilit	alth savings account (HSA); credit, h	omeowner's, or renter's insurance	
	Yes. Name the insurance company of each policy and list its value	Company name:	Beneficiary:	Surrender or refund value:
32.	Any interest in property that is due you from If you are the beneficiary of a living trust, expect property because someone has died.		or are currently entitled to receive	
	✓ No ☐ Yes. Describe			
33.	Claims against third parties, whether or not y Examples: Accidents, employment disputes, insu		demand for payment	
	✓ No ☐ Yes. Describe			
34.	Other contingent and unliquidated claims of to set off claims	every nature, including counterc	laims of the debtor and rights	
	✓ No Yes. Describe			
35.	Any financial assets you did not already list			
	✓ No ☐ Yes. Describe			
36.	Add the dollar value of all of your entries from for Part 4. Write that number here			\$25.00
Part	:5: Describe Any Business-Related F	Property Vou Own or Have a	n Interest In List any real estate	in Part 1
				m rait i.
37.		erest in any business-related prop		current value of the
	✓ No. Go to Part 6. Yes. Go to line 38.		p	ortion you own? to not deduct secured claims rexemptions
38.	Accounts receivable or commissions you alre	ady earned		
	Yes. Describe			
39.	Office equipment, furnishings, and supplies Examples: Business-related computers, software		nines, rugs, telephones, desks, chairs, electro	nic devices
	✓ No Yes. Describe			

Case 16-32211 Doc 1 Filed 10/10/16 Entered 10/10/16 09:30:30 Desc Main Document Page 18 of 70

Deb	tor 1 Sherry	Smith	Case number (if known)	
40.	First Name Machinery fixtures ac	Middle Name Last Name uipment, supplies you use in business, and tools o	f vour trade	
40.		uipment, supplies you use in busiless, and tools o	i your trade	
	✓ No Yes. Describe			
	Teo. Describe			
41.	Inventory			
	✓ No			
	Yes. Describe			
42.	Interests in partnersh	ps or joint ventures		
	✓ No	Name of entity:	% of ownership:	
	Yes. Give specific	Name of entity.	78 Of Ownership.	
	information about them	-	· · · · · · · · · · · · · · · · · · ·	_
43.	Customer lists, mailing	lists, or other compilations		
	✓ No			
	Yes. Do your lists in	clude personally identifiable information (as defined in 11	U.S.C. § 101(41A))?	
	□ No			
	Yes. Desc	be		
44	Amy hysiness related	vanantu van did nat alvadu list		
44.		roperty you did not already list		
	✓ No			<u> </u>
	Yes. Give specific information			
				_
				·
				<u> </u>
		I of your entries from Part 5, including any entries f		
				L
Par		arm- and Commercial Fishing-Related Prointerest in farmland, list it in Part 1.	operty You Own or Have an Interest	in.
46.	Do you own or have a	ny legal or equitable interest in any farm- or comme	rcial fishing-related property?	
	No. Go to Part 7.	-		Current value of the
	Yes. Go to line 47.			portion you own? Do not deduct secured
	_			claims
47	Farms and a sta			or exemptions
47.	Farm animals Examples: Livestock, po	ultry, farm-raised fish		
	✓ No	•		
	Yes. Describe			
	123. 2000			

Case 16-32211 Doc 1 Filed 10/10/16 Entered 10/10/16 09:30:30 Desc Main Document Page 19 of 70

Debt	or 1 Sherry	Middle Nove	Smith	Case number (if known)	
48.	First Name Crops-either growing	Middle Name	Last Name		
40.	_	Ji ilaivesteu			
	✓ No				
	Yes. Describe				
49.	Farm and fishing equip	oment, implements, machinery, fixt	ures, and tools of trade		
	✓ No				
	Yes. Describe				
50.	Farm and fishing supp	lies, chemicals, and feed			
	✓ No				
	Yes. Describe				
51.	Any farm- and commer	cial fishing-related property you di	d not already list		
	✓ No		•		
	Yes. Describe				
				Г	
		of your entries from Part 6, includ			
IOI F	art o. write that number	11616			
Dort	Ze Dosoribo All Bre	operty You Own or Have an I	ntoract in That You F	Oid Not List Abovo	
Part 53.		perty fou Own of Have an i		old NOT LIST ADOVE	
00.		, country club membership	y not:		
	✓ No				
	Yes. Give specific				
	information				
				_	
54. A	dd the dollar value of all	of your entries from Part 7. Write t	hat number here		
Part	List the lotals of	of Each Part of this Form			
55. P	art 1: Total real estate, l	ine 2		>	\$60090.00
50		_			
	art 2 total vehicles, line		\$13200.00		
57. P	art 3: Total personal and	d household items, line 15	\$1225.00		
58. P	art 4: Total financial ass	ets, line 36	\$25.00		
59. P	art 5: Total business-re	lated property, line 45			
60. P	art 6: Total farm- and fi	shing-related property, line 52			
61. F	art 7: Total other prope	rty not listed, line 54			
		Add lines 56 through 61			
UZ. I	otai personai property.	naa iii 163 oo ii ii oagi 1 0 1	\$14450.00	Copy personal property total	+ \$14450.00
					Ф74540 00
63. T c	otal of all property on S	chedule A/B. Add line 55 + line 62			\$74540.00
					i

Case 16-32211 Doc 1 Filed 10/10/16 Entered 10/10/16 09:30:30 Desc Main Document Page 20 of 70

Fill in this information to identify your case:					
Debtor 1	Sherry		Smith		
	First Name	Middle Name	Last Name		
Debtor 2	Michael		Smith		
(Spouse, if filin	g) First Name	Middle Name	Last Name		
United States E	Bankruptcy Court for the:	Northern	District of Illinois (State)	_	
Case number (If known)			(State)	_	

Official Form 106C

Check if this is an amended filing

Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Par	t 1: Identify the Property You Cla	im as Exempt					
1.	1. Which set of exemptions are you claiming? Check one only, even if your spouse is filling with you.						
	You are claiming state and federal nonb	ankruptcy exemptions.	11 U.S.C. § 522(b)(3)				
You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)							
2.	For any property you list on Schedule A						
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption			
	Brief description: 338 Manitowac, Park Forest, IL 60466 Line from Schedule A/B: 01	\$60,090.00	\$0 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-901			
	Brief description: Misc. Household Goods Line from Schedule A/B: 06	\$350.00	\$350.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)			
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every No Yes. Did you acquire the property cover No Yes	3 years after that for ca					

Case 16-32211 Doc 1 Filed 10/10/16 Entered 10/10/16 09:30:30 Desc Mair Document Page 21 of 70

Smith Debtor 1 Sherry Case number (if known) Middle Name First Name Last Name Part 2: **Additional Page** Brief description of the property and **Current value of** Amount of the exemption you claim Specific laws that allow exemption line on Schedule A/B that lists this the portion you Check only one box for each exemption. property own Copy the value from Schedule A/B 735 ILCS 5/12-1001(a) Brief \$225.00 **V** description: \$225.00 **Used Clothing** 100% of fair market value, up to any applicable statutory limit Schedule A/B: 735 ILCS 5/12-1001(b) Brief \$400.00 **V** description: \$400.00 Misc. Jewelry 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 12 Brief 735 ILCS 5/12-1001(b) \$250.00 description: V \$250.00 Misc. Electronics 100% of fair market value, up to any Line from applicable statutory limit 07 Schedule A/B: 735 ILCS 5/12-1001(b) Brief \$0.00 $\overline{\mathsf{V}}$ description: \$0 Chase 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: Brief 735 ILCS 5/12-1001(b) \$25.00 description: \$25.00 Cash on Hand 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 16 735 ILCS 5/12-1001(c); 735 ILCS Brief \$12,050.00 description: 5/12-1001(b) \$0 Hyundai Tucson, 2013 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 03 735 ILCS 5/12-1001(c); 735 ILCS Brief \$1,150.00 description: 5/12-1001(b) \$0 Mazda Protege, 2001 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 03

Case 16-32211 Doc 1 Filed 10/10/16 Entered 10/10/16 09:30:30 Desc Main Document Page 22 of 70

Fill in	this inform	nation to identify your case:					
Debto	or 1	Sherry	Smith				
Debit	JI 1	First Name	Middle Name Last Nam	e e			
Debto	or 2	Michael	Smith				
(Spot	use, if filing	First Name	Middle Name Last Nam	e			
Unite	d States Ba	ankruptcy Court for the:	Northern District of Illino (Stat				
Case (If knd	number own)		(Oldi				
Off	icial F	Form 106D					Check if this is a
			ors Who Have Clain	ns Secur	ed by Pro		mended filing
							12/1
			 e. If two married people are filing togethe ge, fill it out, number the entries, and att 				
•		er (if known).			. ,	, ,	•
1. I	Do any cre	editors have claims secu	ed by your property?				
	No. Cl	neck this box and submit th	s form to the court with your other schedules	. You have nothing	else to report on this t	orm.	
Ī	✓ Yes. F	ill in all of the information b	elow.				
Part 1	List	All Secured Claims					
2.			has more than one secured claim, list the ci	reditor senarately	Column A	Column B	Column C
			ditor has a particular claim, list the other cred		Amount of claim	Value of	Unsecured
	much as p	possible, list the claims in a	alphabetical order according to the creditor's	name.	Do not deduct the	collateral	portion
					value of collateral.	that supports	If any
						this claim	
2.1	WFDS Creditor's	Name	Describe the property that secures the	claim:	\$18,062.00	\$12,050.00	\$6,012.00
	PO BOX	19657	2013 Hyundai Tucson				
	Numbe	er Street	As of the date you file, the claim is: Che	ck all that apply.			
			Contingent				
	IRVINE City	California 92623 State ZIP Code	Unliquidated				
	,	es the debt? Check one.	☐ Disputed				
	✓ Debte	or 1 only	Nature of lien. Check all that apply.				
		or 2 only	An agreement you made (such as mor car loan)	tgage or secured			
		or 1 and Debtor 2 only	Statutory lien (such as tax lien, mechal	nic's lien)			
	At lea	ast one of the debtors and ner	Judgment lien from a lawsuit	,			
		k if this claim relates	Other (including a right to offset)				
	to a o	community debt t was 1/1/2016	Last 4 digits of account number	2616			
	incurred		Last 4 digits of account number				
2.2	SPRINGL Creditor's	LEAF FINANCIAL S	Describe the property that secures the	claim:	\$3,071.00	\$1,150.00	\$1,921.00
	PO BOX	3251	2001 Mazda Protege				
	Numbe	er Street AH A. HOFFMAN	As of the date you file, the claim is: Che	ck all that apply.			
			Contingent				
	Evansvil City	le Indiana 47731 State ZIP Code	Unliquidated				
		es the debt? Check one.	Disputed				
	✓ Debte	or 1 only	Nature of lien. Check all that apply.				
		or 2 only	An agreement you made (such as mor car loan)	tgage or secured			
		or 1 and Debtor 2 only	Statutory lien (such as tax lien, mecha	nic's lien)			
	At lea	ast one of the debtors and ner	Judgment lien from a lawsuit	·· /			
	Chec	k if this claim relates	Other (including a right to offset)				
		community debt		5687			
	incurred	V 1/2013	Last 4 digits of account number	<u> </u>			
		Add the dollar value of y	our entries in Column A on this page. W	/rite that	\$21,133.00		

Case 16-32211 Doc 1 Filed 10/10/16 Entered 10/10/16 09:30:30 Desc Main Document Page 23 of 70

Debtor 1 Sherry	Smith	Case number (if known)		
First Name Mi Additional Page	Middle Name Last Name tional Page isting any entries on this page, number them beginning with 2.3, followe		Column B Value of	Column C Unsecured
		Do not deduct the value of collateral.	collateral that supports this claim	portion If any
Chase Mortgage Creditor's Name PO Box 24696 Number Street Columbus Ohio 43224 City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred	Describe the property that secures the companies of the date you file, the claim is: Check of the date you file, the claim is: Check of the date you file, the claim is: Check of the date you file, the claim is: Check of the date you file, the claim is: Check of the contingent of the continue of the co	ue: \$60,090.00 ck all that apply.	\$60,090.00	<u>\$4,910.00</u>
	ur entries in Column A on this page. Writ	te that number \$65,000.00	-	
If this is the last page of yo Write that number here:	our form, add the dollar value totals from	all pages. \$86,133.00	_	

Case 16-32211 Doc 1 Filed 10/10/16 Entered 10/10/16 09:30:30 Desc Main Document Page 24 of 70

Fill in	n this inform	ation to identify your case	e:					
Deb	tor 1	Sherry		Smith				
		First Name	Middle Name	Last Name				
Deb		Michael		Smith				
(Spo	use, if filing	First Name	Middle Name	Last Name				
Unite	ed States Ba	ankruptcy Court for the:	Northern	District of Illinois				
		,		(State)				
	e number lown)				<u>—</u>			
	,	4005/5				Cho	ock if this is an	n amended filing
Off	iciai F	orm 106E/F				Поне	ck ii li iis is ai	r arrierided illing
Sc	hedu	le E/F: Cre	ditors Who	Have Unsecu	red Claims			12/15
that a entric know	aré listed in es in the bo n).	Schedule D: Creditor exes on the left. Attach	s Who Hold Claims Secur	d Leases (Official Form 1060 ed by Property. If more spa this page. On the top of an	ce is needed, copy the Pa	art you need	d, fill it out, n	umber the
1.	Do any cre	editors have priority un	secured claims against yo					
	Yes.	o to Part 2.						
2.	listed, ident much as po Continuation	ify what type of claim it is ossible, list the claims in a on Page of Part 1. If more	. If a claim has both priority a alphabetical order according than one creditor holds a p	ore than one priority unsecurer and nonpriority amounts, list that to the creditor's name. If you harticular claim, list the other cr this form in the instruction bo	at claim here and show both nave more than two priority reditors in Part 3.	priority and	nonpriority ar	mounts. As
						Total claim	Priority amount	Nonpriority amount

Case 16-32211 Doc 1 Filed 10/10/16 Entered 10/10/16 09:30:30 Desc Main Document Page 25 of 70

List All of Your NONPRIORITY Unsecured Claims	Debto		ith Case number (if known)	
Do any creditors have nonpriority unsecured claims against you?	Part 2			
4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than four priority unsecured claims fill out the Continuation Page of Part 2. 1				
4. Let all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the credit respective holds a particular claim, list the other creditors in Part 3. If you have more than four priority unsecured claims are always included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than four priority unsecured claims fill out the Continuation Page of Part 2. 4. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than four priority unsecured claims fill out the Continuation Page of Part 2. 4. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than four priority unsecured claims fill out the Continuation Page of Part 2. 4. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than four priority unsecured claims fill out the Continuation Page of Part 2. 4. If a marketist is a count of the debt on Name 20039	1		e court with your other schedules.	
If more than one creditor holds a particular claim, list the other creditors in Part 3.ff you have more than four priority unsecured claims fill out the Continuation Page of Part 2. Amorticath			order of the creditor who holds each claim. If a creditor has more the	nan one priority
Americash Norse College's Name Norse College's Name Second		unsecured claim, list the creditor separately for each claim. For each of fmore than one creditor holds a particular claim, list the other creditor	claim listed, identify what type of claim it is. Do not list claims already inc	cluded in Part 1.
Americash Norpindry Creditor's Name Norpindry Creditor's Name State Norpindry Creditor's Name Norpindr		Page of Part 2.		Total alaba
Nonpriority Creditor's Name 2/107 Sheriodan Rd Number Street As of the date you file, the claim is: Check all that apply. Contingent Contingen	41	Americash		
Number Street Street Street Street As of the date you file, the claim is: Check all that apply. Contingent	4.1	Nonpriority Creditor's Name		\$500.00
Contingent City State Zip Code City City State Zip Code City			When was the debt incurred?n/a	
City Debtor 1 and Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1				
Disputed Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 onl		Zion Illinois 60099		
Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 3 only Debtor 1 and Debtor 2 only Debtor 1 only Debtor 3 only Debtor 1 only Debtor 3 only Debtor 3 only Debtor 1 only Debtor 3 only Debtor 3 only Debtor 3 only Debtor 4 debtor 3 only Debtor 4 debtor 3 only Debtor 5 o		,		
Debtor 2 only				
Deltor 1 and Debtor 2 only Check if this claim relates to a community debt SALT LAKE CITY		Debtor 2 only	<u></u>	
At least one of the debtors and another Intat you did not report as priority claims Debtor 1 part Debtor 1 only Poebtor 2 only Debtor 1 and Debtor 2 only Yes		Debtor 1 and Debtor 2 only		
Stebs California Californ		At least one of the debtors and another		
Street claims subject to offset? Victory Payday Loans Victory Payday Loans		Check if this claim relates to a community debt		
Yes Yes Yes				
A2 CAP1/MNRDS Nonpriority Creditor's Name PO Box 30253 Number Street As of the date you file, the claim is: Check all that apply. Contingent Co			· ayaay 200110	
Nonpriority Creditor's Name PO BOX 30253 Number Street SALT LAKE CITY Utah 84130 City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another Is the claim subject to offset? No Yes As of the date your file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify CreditCard As of the date your file, the claim is: Check all that apply. Check if this claim relates to a community debt last the claim subject to offset? No Yes As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Check if this claim relates to a community debt last the claim is: Check all that apply. Contingent Unliquidated Student loans Student loans Unliquidated Unliquidated Unliquidated Student loans Student loans				
PO BOX 30253	4.2	CAP1/MNRDS Nonpriority Creditor's Name	Last 4 digits of account number 2346	\$737.00
As of the date you file, the claim is: Check all that apply. SALT LAKE CITY		PO BOX 30253	When was the debt incurred? 12/1/2015	
SALT LAKE CITY Utah 84130 City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 1 and Debtor 2 only Other. Specify CreditCard		Number Street	As of the date you file, the claim is: Check all that apply.	
City State Zip Code Who incurred the debt? Check one. ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Check if this claim relates to a community debt Is the claim subject to offset? ☐ No ☐ Yes ☐ CBNA ☐ Nonpriority Creditor's Name ☐ Debx 6497 ☐ Number Street ☐ Stouth Dakota 57117 ☐ City State Zip Code Who incurred the debt? Check one. ☐ Debtor 2 only ☐ Debtor 2 only ☐ Debtor 2 only ☐ Debtor 2 only ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ CreditCard ☐ Other. Specify		SALT LAKE CITY Litah 8/130	Contingent	
Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? No Yes A3 CBNA Nonpriority Creditor's Name PO Box 6497 Number Street Sioux Falls South Dakota 57117 City State Zip Code Who incurred the debt? Check one. Debtor 2 only Debtor 1 and Debtor 2 only Student loans Type of NONPRIORITY unsecured claim: Student loans Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify CreditCard Debts to pension or profit-sharing plans, and other similar debts Other. Specify CreditCard Debts to pension or profit-sharing plans, and other similar debts Other. Specify CreditCard Debts to pension or profit-sharing plans, and other similar debts Other. Specify CreditCard Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar Debts to pension or profit-sharing plans, and other similar Debts to pension or profit-sharing plans, and other similar Debts to pension or profit-sharing plans, and other similar Debts to pension or profit-sharing plans, and other similar Debts to pension or profit-sharing plans, and other similar Debts to pension or profit-sharing plans, and other similar Debts to pension or profit-sharing plans, and other similar Debts to pension or profit-sharing plans, and other similar Debts to pension or profit-sharing plans, and other similar Debts to pension or profit-sharing plans, and other similar Debts to pension or profit-sharing plans, and other similar Debts to pension or profit-sharing plans, and other similar Debts to pension or profit-sharing plans, and other similar			Unliquidated	
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? ✓ No Yes CBNA Nonpriority Creditor's Name PO Box 6497 Number Street Sioux Falls South Dakota 57117 City State Zip Code Who incurred the debt? Check one. ✓ Debtor 1 and Debtor 2 only Debtor 2 only Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Vereita of the pension or profit-sharing plans, and other similar debts Vereita of the pension or profit-sharing plans, and other similar debts Vereita of the pension or profit-sharing plans, and other similar debts Vereita of the pension or profit-sharing plans, and other similar debts When sate debts Vereita of None of the debts of a separation agreement or divorce that you did not report as priority claims Debts of a separation agreement or divorce that you did not report as priority claims Debts of a separation agreement or divorce that you did not report as priority claims Debts of a separation agreement or divorce that you did not report as priority claims Debts of a separation agreement or divorce that you did not report as priority claims Debts of a separation agreement or divorce that you did not report as priority claims Debts of a separation agreement or divorce that you did not report as priority claims Vereita of a separation agreement or divorce that you did not report as priority claims Debts of a separation agreement or divorce that you did not report as priority claims Debts of a separation agreement or divorce that you did not report as priority claims Debts of a separation agreement or divorce that you debts Vereita of a separation agreement or divorce that you debts Vereita of Nonpriority Creditor's Name Debts of Nonpriority of a separation agreement or divorce that you debts Vereita of Non				
Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? No Yes CBNA Nonpriority Creditor's Name PO Box 6497 Number Street Sioux Falls South Dakota 57117 City State Zip Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts CreditCard Other. Specify CreditCard Nember Specify CreditCard When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans		<u>'</u>	Type of NONPRIORITY unsecured claim:	
At least one of the debtors and another		Debtor 1 and Debtor 2 only		
Check if this claim relates to a community debt Sthe claim subject to offset? ✓ No		At least one of the debtors and another		
Sthe claim subject to offset? Other. Specify CreditCard Yes		Check if this claim relates to a community debt		
Yes Last 4 digits of account number \$1,214.00 Nonpriority Creditor's Name PO Box 6497 Number Street Sioux Falls South Dakota 57117 City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Last 4 digits of account number 12/1/2015 When was the debt incurred? 12/1/2015 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Unliquidated Type of NONPRIORITY unsecured claim: Student loans		Is the claim subject to offset?		
4.3 CBNA Nonpriority Creditor's Name PO Box 6497 Number Street Sioux Falls South Dakota 57117 City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Last 4 digits of account number When was the debt incurred? 12/1/2015 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Unliquidated Type of NONPRIORITY unsecured claim: Student loans			<u> </u>	
Nonpriority Creditor's Name PO Box 6497 Number Street Sioux Falls South Dakota 57117 City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Nonpriority Creditor's Name When was the debt incurred? 12/1/2015 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans				
Number Street Sioux Falls South Dakota 57117 City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only As of the date you file, the claim is: Check all that apply. Unliquidated Unliquidated Type of NONPRIORITY unsecured claim: Student loans	4.3		Last 4 digits of account number	\$1,214.00
Sioux Falls City State Debtor 1 only Debtor 1 and Debtor 2 only As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Unliquidated Type of NONPRIORITY unsecured claim: Student loans			When was the debt incurred? 12/1/2015	
Sioux Falls City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Sioux Falls South Dakota 57117 Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans		- Control Control		
Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Student loans		Sioux Falls South Dakota 57117		
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Student loans		•		
Debtor 2 only Debtor 1 and Debtor 2 only Student loans			- ·	
Debtor 1 and Debtor 2 only		Debtor 2 only		
		Debtor 1 and Debtor 2 only		
At least one of the debtors and another that you did not report as priority claims		At least one of the debtors and another		
Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts		Check if this claim relates to a community debt		
Is the claim subject to offset?				
No Street Specify Street Specify		✓ No Yes	_	

Case 16-32211 Doc 1 Filed 10/10/16 Entered 10/10/16 09:30:30 Desc Main Document Page 26 of 70

Smith Debtor 1 Sherry Case number (if known) First Name Middle Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page Part 2: After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.4 \$430.00 Last 4 digits of account number ___ Nonpriority Creditor's Name 501 Greene Street # 302 When was the debt incurred? 3/1/2016 Number Street As of the date you file, the claim is: Check all that apply. Contingent 30901 Augusta Georgia Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? **✓** Collection; Collecting for **✓** No ORIGINAL CREDITOR: 10 COMMONWEALTH EDISON Yes **COMPANY** Other. Specify Check N Go - 103rd \$1,500.00 Last 4 digits of account number Nonpriority Creditor's Name 238 E 103rd St When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Chicago Illinois 60628 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? ◪ Other. Specify Payday Loans **✓** No | Yes City of Chicago Parking \$600.00 Last 4 digits of account number _ Nonpriority Creditor's Name 121 N. LaSalle St # 107A When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Chicago Illinois 60602 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? Other. Specify __ Parking Tickets **✓** No

Yes

Case 16-32211 Doc 1 Filed 10/10/16 Entered 10/10/16 09:30:30 Desc Main Document Page 27 of 70

Smith Debtor 1 Sherry Case number (if known) First Name Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.7 Comcast \$750.00 Last 4 digits of account number Nonpriority Creditor's Name 11621 E. Marginal Way # 5 When was the debt incurred? Street Number As of the date you file, the claim is: Check all that apply. Bankruptcy Dept Contingent Washington 98168 Seattle Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? Cable Bills Other. Specify_ **✓** No Yes **DEPT OF ED/NAVIENT** 4.8 \$14,122.00 Last 4 digits of account number 0901 Nonpriority Creditor's Name PO Box 9635 When was the debt incurred? 9/1/2009 Number As of the date you file, the claim is: Check all that apply. Contingent Pennsylvania 18773 Wilkes Barre Unliquidated Zip Code City State Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ✓ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Is the claim subject to offset? Other. Specify **✓** No Yes **DEPT OF ED/NAVIENT** 4.9 \$9,683.00 Last 4 digits of account number 0127 Nonpriority Creditor's Name PO Box 9635 When was the debt incurred? 1/1/2002 Number As of the date you file, the claim is: Check all that apply. Contingent Wilkes Barre Pennsylvania 18773 Unliquidated City Zip Code State Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ✓ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? Other. Specify_ **✓** No

Yes

Case 16-32211 Doc 1 Filed 10/10/16 Entered 10/10/16 09:30:30 Desc Main Document Page 28 of 70

Smith Debtor 1 Sherry Case number (if known) First Name Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.10 Franciscan Alliance, Inc. \$8,251.00 Last 4 digits of account number Nonpriority Creditor's Name 28044 Network Place When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Chicago Illinois 60673 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? Other. Specify_ Medical Bills **✓** No Yes 4.11 Goosen, Molly \$550.00 Last 4 digits of account number Nonpriority Creditor's Name 22807 Ridgeway When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Richton Park Illinois 60471 City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce Debtor 1 and Debtor 2 only that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Back Due Rent Other. Specify _ Is the claim subject to offset? **✓** No Yes I C SYSTEM INC 4.12 \$400.00 Last 4 digits of account number Nonpriority Creditor's Name PO BOX 64378 When was the debt incurred? 7/1/2016 Number Street As of the date you file, the claim is: Check all that apply. Contingent SAINT PAUL 55164 Minnesota Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? $\overline{}$ 001 Collection; Collecting for **V** No ORIGINAL CREDITOR:

Yes

Other. Specify

MEDICAL PAYMENT DATA

Case 16-32211 Doc 1 Filed 10/10/16 Entered 10/10/16 09:30:30 Desc Main Document Page 29 of 70

Debtor 1 Sherry Smith Case number (if known) First Name Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.13 Ladder Credit \$470.00 Last 4 digits of account number Nonpriority Creditor's Name LCO P.O. Box 1734 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 54843 Wisconsin Hayward City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce ✓ Debtor 1 and Debtor 2 only that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify Credit Card Debt Is the claim subject to offset? **✓** No Yes 4.14 Sierra Lending \$500.00 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 647 When was the debt incurred? n/a Number Street As of the date you file, the claim is: Check all that apply. Contingent California 92070 Santa Ysabel Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? ✓ Other. Specify Payday Loans **✓** No Yes SPRINGLEAF FINANCIAL S 4.15 \$5,844.00 Last 4 digits of account number 7493 Nonpriority Creditor's Name PO BOX 3251 When was the debt incurred? 11/1/2015 Street Number As of the date you file, the claim is: Check all that apply. c/o SARAH A. HOFFMAN Contingent 47731 **Fvansville** Indiana Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? ✓ Other. Specify 036 InstallmentLoan **✓** No

Yes

Case 16-32211 Doc 1 Filed 10/10/16 Entered 10/10/16 09:30:30 Desc Main Document Page 30 of 70

Debtor		Smith Case number (if known)	
	First Name Middle Name	Last Name	
Part 2:	Your NONPRIORITY Unsecured Claims - Conf	tinuation Page	
	After listing any entries on this page, number them begin	ning with 4.5, followed by 4.6, and so forth.	Total claim
4.16	Village of Richton Park - Parking	Last 4 digits of account number	\$919.00
	Nonpriority Creditor's Name 4455 Sauk Trail	When was the debt incurred?	
	Number Street	As of the date you file, the claim is: Check all that apply.	
		Contingent	
	Richton Park Illinois 60471	Unliquidated	
	City State Zip Code	Disputed	
	Who incurred the debt? Check one. Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	Student loans	
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or divorce	
	At least one of the debtors and another	that you did not report as priority claims	
	Check if this claim relates to a community debt	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	✓ Other. Specify Parking Tickets	
	✓ No		
	Yes		
4.17	Village of Richton Park Water Department Nonpriority Creditor's Name	Last 4 digits of account number	\$500.00
1	4455 Sauk Trail	When was the debt incurred?n/a	
	Number Street	As of the date you file, the claim is: Check all that apply.	
	Dichton Dody Illinoin 60474	Contingent	
	Richton Park Illinois 60471 City State Zip Code	Unliquidated	
	Who incurred the debt? Check one.	Disputed	
	Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only Debtor 1 and Debtor 2 only	Student loans	
	At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	Check if this claim relates to a community debt	Debts to pension or profit-sharing plans, and other similar	
	Is the claim subject to offset?	debts Other. Specify Water Department	
	✓ No	Vvalor bepartment	
	☐ Yes		
4.18	WEBBNK/FHUT Nonpriority Creditor's Name	Last 4 digits of account number 2813	\$3,717.00
	6250 RIDGEWOOD ROA	When was the debt incurred? 6/1/2013	
	Number Street	As of the date you file, the claim is: Check all that apply.	
	SAINT CLOUD Minnesota 56303	Contingent	
	City State Zip Code	Unliquidated	
	Who incurred the debt? Check one. Debtor 1 only	Disputed	
	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only	Student loans	
	At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	Check if this claim relates to a community debt	Debts to pension or profit-sharing plans, and other similar	
	Is the claim subject to offset?	debts	
	☑ No	Other. Specify CreditCard	
	Yes		

Case 16-32211 Doc 1 Filed 10/10/16 Entered 10/10/16 09:30:30 Desc Main Document Page 31 of 70

Smith Debtor 1 Sherry Case number (if known) Middle Name Last Name Part 4: Add the Amounts for Each Type of Unsecured Claim Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. **Total claims** \$0.00 Total claims 6a. Domestic support obligations. from Part 1 \$0.00 6b. Taxes and certain other debts you owe the government 6b. 6c. Claims for death or personal injury while you were \$0.00 intoxicated \$0.00 6d. Other. Add all other priority unsecured claims. Write that amount here. \$0.00 6e. Total. Add lines 6a through 6d. 6e. **Total claims** \$23,805.00 **Total claims** 6f. Student loans from Part 2 6g. Obligations arising out of a separation agreement or \$0.00 divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar 6h. \$26,882.00 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

\$50,687.00

6j.

6j. Total. Add lines 6f through 6i.

Case 16-32211 Doc 1 Filed 10/10/16 Entered 10/10/16 09:30:30 Desc Main Document Page 32 of 70

Fill in this information to identify your case:							
Debtor 1	Sherry		Smith				
	First Name	Middle Name	Last Name				
Debtor 2	Michael		Smith				
(Spouse, if filing	First Name	Middle Name	Last Name				
United States Ba	ankruptcy Court for the:	Northern	District of Illinois				
			(State)				
Case number							
(If known)							

0	ff	ici	al	F	or	m	۱ 1	0	6	G
_				-				_	_	_

Check if this is a
amended filing

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or compa	any with whom you have the	contract or lease	State what the contract or lease is for
2.1	Public Storage Name			Storage Lease, Other, Misc. Household Goods and Furniture
	701 Western Ave Number	Street		
	Glendale City	California State	91201 Zip Code	

Case 16-32211 Doc 1 Filed 10/10/16 Entered 10/10/16 09:30:30 Desc Main Document Page 33 of 70

Fill in this info	rmation to identify your cas	e:	
Debtor 1	Sherry		Smith
	First Name	Middle Name	Last Name
Debtor 2	Michael		Smith
(Spouse, if filing	ng) First Name	Middle Name	Last Name
United States	Bankruptcy Court for the:	Northern	District of Illinois
Case number			(State)
(If known)			

Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1.	Do you ha ✓ No ✓ Yes	ve any codebtors? (If y	ou are filing a joint case, do not list eithe	er spouse as a codeb	tor.)
2.	Idaho, Loui No. G	siana, Nevada, New Mex Go to line 3.	lived in a community property state cico, Puerto Rico, Texas, Washington, ar spouse, or legal equivalent live with you	nd Wisconsin.)	nunity property states and territories include Arizona, California,
	Ē		state or territory did you live?	Fill in the	e name and current address of that person.
		Number Street			
		City	State	Zip Code	
3.	again as a	codebtor only if that p	erson is a guarantor or cosigner. Ma	ike sure you have li	spouse is filing with you. List the person shown in line 2 isted the creditor on <i>Schedule D</i> (Official Form 106D), <i>D, Schedule E/F</i> , or <i>Schedule G</i> to fill out Column 2.
	Column 1	: Your codebtor			Column 2: The creditor to whom you owe the debt Check all schedules that apply:

		Case 16-3221			age 34 c	10/10/16 (of 70	09.30.30	Desc Ma	AIII
Fill in	this in	nformation to identify	y your case:						
Debtor	1	Sherry		Smith					
Dobto	•	First Name	Middle Name	Last Name		_			
Debtor		Michael		Smith			Check if this is:		
(Spouse	e, if filing	g) First Name	Middle Name	Last Name	Э	_	An amende	d filing	
United S	States E	Bankruptcy Court for the:	Northern	District of Illinoi		_		nt showing pos s of the followin	st-petition chapter 13 g date:
Case nu				(-13		_	MM / DD / Y		
Sch	edu	Form 106I le I: Your Inc	come as possible. If two ma	anniad maamla s	ara filing t	agathar (Da	beer 4 and F	Nahtar 2) h	12/15
additic	mai p	ages, write your na	ame and case number	r (if known). A		separate she ery question			
Part 1	: De	escribe Employme							. ,
Part 1	De	escribe Employme		r (if known). A					
Part 1	De	escribe Employme in your employment ormation.							
Part 1	1. Fill info	in your employment ormation.	ent	Debtor 1 ✓ Employed	nswer eve		Debtor 2	ı	
Part 1	1. Fill info	in your employment ormation.	ent	Debtor 1	nswer eve		Debtor 2	ı	
Part 1	1. Fill info	in your employment ormation. but have more than one and a separate page with	ent Employment status	Debtor 1 ✓ Employed	nswer eve	ery question	Debtor 2 Employed Not Empl	ı	
Part 1	1. Fill info	in your employment ormation. ou have more than one out a separate page with ormation about additional	Employment status Occupation Employer's name	Debtor 1 Employed Not Emplo	yed s - Leslie Geis	ery question	Debtor 2 Employed Not Employed Securitas Securitas	I oyed curity Services	
Part 1	1. Fill info	in your employment ormation. but have more than one with a separate page with ormation about additional ployers.	Employment status Occupation	Debtor 1 ✓ Employed Not Emplo	yed s - Leslie Geis	ery question	Debtor 2 Employed Not Empl	I oyed curity Services	
Part 1	1. Fill info job, attar inforempt lnclu or self-	in your employment ormation. ou have more than one with a separate page with ormation about additional ployers. The part time, seasonal, femployed work. Coupation may include dent	Employment status Occupation Employer's name	Debtor 1 Employed Not Emplo State of Illinois	yed s - Leslie Geis	ery question	Debtor 2 Employed Not Employed Securitas Se	I oyed curity Services	
Part 1	1. Fill info job, attar inforempt lnclu or self-	in your employment ormation. ou have more than one with a separate page with ormation about additional ployers. dude part time, seasonal, femployed work. cupation may include	Employment status Occupation Employer's name	Debtor 1 Employed Not Employed State of Illinois 325 W Adams Number Street Springfield	yed St Illinois	ery question ssler Munger 62704	Debtor 2 Employed Not Employed Securitas Se	oyed curity Services er LL #50	USA, Inc 60606
Part 1	1. Fill info job, attar inforempt lnclu or self-	in your employment ormation. ou have more than one with a separate page with ormation about additional ployers. The part time, seasonal, femployed work. Coupation may include dent	Employment status Occupation Employer's name	Debtor 1 Employed Not Employed State of Illinois 325 W Adams Number Street	yed s - Leslie Geis	ery question	Debtor 2 Employed Not Employed Securitas Se	oyed curity Services er LL #50	USA, Inc
Part 1	1. Fill info job, attar inforempt lnclu or self-	in your employment ormation. ou have more than one with a separate page with ormation about additional ployers. The part time, seasonal, femployed work. Coupation may include dent	Employment status Occupation Employer's name	Debtor 1 Employed Not Employed State of Illinois 325 W Adams Number Street Springfield	yed St Illinois	ery question ssler Munger 62704	Debtor 2 Employed Not Employed Securitas Se	oyed curity Services er LL #50	USA, Inc 60606

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. **List monthly gross wages, salary, and commissions** (before all payroll

- deductions.) If not paid monthly, calculate what the monthly wage would be.

 3. Estimate and list monthly overtime pay.
- 4. Calculate gross income. Add line 2 + line 3.

	For Debtor 1	For Debtor 2 or non-filing spouse		
2.	\$2,261.78	\$1,821.82		
3.	+ \$0.00	+ \$0.00		

4. \$2,261.78

\$1,8	ι ψο.οο		
	21.82		

Official Form 106I Schedule I: Your Income page 1

Case 16-32211 Doc 1 Filed 10/10/16 Entered 10/10/16 09:30:30 Desc Main Document Page 35 of 70

Debtor 1 Sherry	Smith	Case number	(if known)	
First Name Middle Name	Last Name	For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here	→ 4	\$2,261.78	\$1,821.82	
5. List all payroll deductions:				
5a. Tax, Medicare, and Social Security deductions	5a	\$400.23	\$278.05	
5b. Mandatory contributions for retirement plans	5b	\$0.00	\$0.00	
5c. Voluntary contributions for retirement plans	5c	\$0.00	\$0.00	
5d. Required repayments of retirement fund loans	5d	\$0.00	\$0.00	
5e. Insurance	5e	\$0.00	\$0.00	
5f. Domestic support obligations	5f	\$0.00	\$0.00	
5g. Union dues	5g	\$0.00	\$0.00	
5h. Other deductions. Specify:	5h. + _	\$0.00 +	\$0.00	
6. Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + +5h$.	5f + 5g 6	\$400.23	\$278.05	
7. Calculate total monthly take-home pay. Subtract line 6 from line	e 4. 7	\$1,861.56	\$1,543.77	
8. List all other income regularly received:				
8a. Net income from rental property and from operating a business, profession, or farm	roop			
Attach a statement for each property and business showing greceipts, ordinary and necessary business expenses, and the monthly net income.		\$0.00	\$0.00	
8b. Interest and dividends	8b	\$0.00	\$0.00	
8c. Family support payments that you, a non-filing spouse, dependent regularly receive	or a			
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c	\$0.00	\$0.00	
8d. Unemployment compensation	8d	\$0.00	\$0.00	
8e. Social Security	8e	\$0.00	\$0.00	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-ca assistance that you receive, such as food stamps (benefits und the Supplemental Nutrition Assistance Program) or housing subsidies				
Specify:	8f	\$0.00	\$0.00	
8g. Pension or retirement income	8g	\$0.00	\$0.00	
8h. Other monthly income. Specify:	8h. +	\$0.00 +	\$0.00	
9. Add all other income Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g	+ 8h. 9	\$0.00	\$0.00	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing s	spouse	\$1,861.56 +	\$1,543.77	= \$3,405.33
11. State all other regular contributions to the expenses that you include contributions from an unmarried partner, members of your relatives. Do not include any amounts already included in lines 2-10 or amounts.	household, your depen	.,	,	
Specify:				11. + \$0.00
Add the amount in the last column of line 10 to the amount Write that amount on the Summary of Schedules and Statistical				12. \$3,405.33
while that amount on the summary of schedules and statistical st	unimary of Genain Elabi	mics and related bata,	, п к арріюз	Combined monthly income
13. Do you expect an increase or decrease within the year after No. Yes. Explain:	you file this form?			
L 165. Explain.				

Case 16-32211 Doc 1 Filed 10/10/16 Entered 10/10/16 09:30:30 Desc Main Document Page 36 of 70

Fill in this infor	mation to identify you	r case:					
			Comitto				
Debtor 1	Sherry First Name	Middle Name	Smith Last Name				
Debtor 2	Michael		Smith	Check if this is:			
(Spouse, if filin		Middle Name	Last Name	An amended filing	a		
United States I	Bankruptcy Court for t	he: Northern	District of Illinois	A supplement sh	owing post-petition o	chapter 13	
Case number			(State)	expenses as of th	ne following date:		
(If known)				MM / DD / YYYY			
Official	Form 106	<u>J</u>					
Schedu	le J: Your	Expenses				12/15	
information. If (if known). Ans	more space is need swer every question	led, attach another sheet to this	e filing together, both are equally form. On the top of any additiona			ber	
	cribe Your Hous	senoid					
1. Is this a joi							
	o to line 2	a congrete household?					
		a separate household?					
<u> </u>	✓ No						
	Yes. Debtor 2 mu	st file Official Forms 106J-2, Expen-	ses for Separate Household of Debt	or 2.			
2. Do you hav dependents?		No					
Do not list D Debtor 2.	Debtor 1 and	Yes. Fill out this information for each dependent	Dependent's relationship to Debtor 1 or Debtor 2 Child	Dependent's age 22 years	Does depender with you? No. Yes.	nt live	
	penses include of people other	No Yes					
dependent	•						
Part 2: Esti	mate Your Ongo	ing Monthly Expenses					
	of a date after the b		you are using this form as a supp plemental Schedule J, check the	•	-		
	•	on-cash government assistance led it on Schedule I: Your Income	-		Your	expenses	
	or home ownership or the ground or lot. 4.	expenses for your residence. In	clude first mortgage payments and		4.	\$657.00	
If not inc	luded in line 4:						
4a. Real e	estate taxes				4a	\$0.00	
4b. Prope	rty, homeowner's, or r	renter's insurance			4b	\$0.00	
4c. Home	maintenance, repair, a	and upkeep expenses			4c.	\$0.00	
4d. Home	owner's association o	r condominium dues			4d.	\$0.00	

4d.

Case 16-32211 Doc 1 Filed 10/10/16 Entered 10/10/16 09:30:30 Desc Main Document Page 37 of 70

Smith

Debtor 1

Sherry Case number (if known) First Name Middle Name Last Name Your expenses 5. Additional mortgage payments for your residence, such as home equity loans \$0.00 5. 6. Utilities: 6a. Electricity, heat, natural gas \$350.00 6a. 6b. Water, sewer, garbage collection \$75.00 6b. 6c. Telephone, cell phone, Internet, satellite, and cable services \$250.00 6c. 6d. Other. Specify: \$0.00 6d 7. Food and housekeeping supplies \$473.00 7. 8. Childcare and children's education costs \$0.00 8. 9. Clothing, laundry, and dry cleaning 9. \$200.00 10. Personal care products and services 10. \$200.00 11. Medical and dental expenses \$100.00 11. 12. Transportation. Include gas, maintenance, bus or train fare. \$250.00 12. Do not include car payments 13. Entertainment, clubs, recreation, newspapers, magazines, and books \$0.00 13. 14. Charitable contributions and religious donations \$0.00 14. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance \$0.00 15a 15b. Health insurance \$0.00 15b 15c. Vehicle insurance 15c \$125.00 15d. Other insurance. Specify: ___ 15d \$0.00 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: \$0.00 16 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17a \$0.00 17b. Car payments for Vehicle 2 17b \$0.00 17c. Other. Specify: \$0.00 17c 17d. Other. Specify: \$0.00 17d 18. Your payments of alimony, maintenance, and support that you did not report as deducted from \$0.00 your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. 19. Other payments you make to support others who do not live with you. Specify: \$0.00 19. 20.Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property \$0.00 20a 20b. Real estate taxes. \$0.00 20h 20c. Property, homeowner's, or renter's insurance \$0.00 20c 20d. Maintenance, repair, and upkeep expenses. \$0.00 20d 20e. Homeowner's association or condominium dues \$0.00 20e

Case 16-32211 Doc 1 Filed 10/10/16 Entered 10/10/16 09:30:30 Desc Main Document Page 38 of 70

Debtor 1				Smith	Case number (if known)			
	First Nan		Middle Name	Last Name				
21.Other	. Specify	r:				21		\$0.00
22. Calcu	ılate yo	ur monthly exper	ises.				_	\$2,680.00
22a. A	Add lines	4 through 21.						\$0.00
22b. C	Copy line	22 (monthly expe	nses for Debtor 2), if any, from	om Official Form 106J-2			_	\$2,680.00
22c. A	dd line 2	22a and 22b. The r	esult is your monthly expen	ses.		22.	_	_
23.Calcu	late you	ur monthly net in	come.			_		
23a. C	Copy line	12 (your combine	d monthly income) from Scl	hedule I.		23a		\$3,405.33
23b. C	Copy you	r monthly expense	s from line 22 above.			23b	-	\$2,680.00
23c. S	Subtract y	our monthly exper	nses from your monthly inco	me.				\$725.33
	The resu	ılt is your monthly ı	net income.			23c	_	•
24. Do y o	ou expe	ct an increase or	decrease in your expens	ses within the year after yo	u file this form?			
				n within the year or do you ex modification to the terms of yo				
I	No	•		·				
	/							
Ш,	⁄es							1
		Explain here:						

Case 16-32211 Doc 1 Filed 10/10/16 Entered 10/10/16 09:30:30 Desc Main Document Page 39 of 70

Fill in this information to identify your case:								
Debtor 1	Sherry		Smith					
	First Name	Middle Name	Last Name	_				
Debtor 2	Michael		Smith					
(Spouse, if filing) First Name		Middle Name	Last Name					
United States B	ankruptcy Court for the:	Northern District of Illinois		_				
Case number (If known)			(State)	_				

Official Form 106Dec

Check if this is an
amended filing

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Par	t1: Sign Below									
	Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?									
	✓ No									
	Yes. Name of person		nkruptcy Petition Preparer's Notice, Declaration, and (Official Form 119).							
	Under penalty of perjury, I declare that I have read the summary that they are true and correct.	y and schedu	es filed with this declaration and							
X	/s/ Sherry Smith	×	/s/ Michael Smith							
	Signature of Debtor 1		Signature of Debtor 2							
	Date 10/10/2016 MM/DD/YYYY		Date 10/10/2016 MM/DD/YYYY							

Entered 10/10/16 09:30:30 Desc Main Case 16-32211 Doc 1 Filed 10/10/16 Page 40 of 70 Document

Fill in this information to identify your case:								
Debtor 1	Sherry		Smith					
	First Name	Middle Name	Last Name					
Debtor 2	Michael		Smith					
(Spouse, if filing	ng) First Name	Middle Name	Last Name					
United States	Bankruptcy Court for the:	Northern	District of Illinois					
		•	(State)					
Case number								
(If known)								

Official Form 107

Check if this is an amended filing

Statement of Financial Affairs for Individuals Filing for Bankruptcy

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every

Part	Part 1: Give Details About Your Marital Status and Where You Lived Before									
1.	Wh	at is your curre	ent marital s	tatus?						
	✓	Married Not married								
2.	Dui	ring the last 3 ye	ears, have yo	ou lived anywhere	other than where you live	now?				
	✓	No Yes. List all of th	ne places you	lived in the last 3 ye	ears. Do not include where yo	ou live now.				
		Debtor 1:			Dates Debtor 1 lived there	Debtor 2:			Dates Debtor 2 lived there	
						Same as	Debtor 1		Same as Debtor 1	
		Number Street			From	Number Stre	eet		From	
					To			То		
		City	State	Zip Code		City	State	Zip Code		
						Same as	Debtor 1		Same as Debtor 1	
		Number Street			From	Number Stre	eet		From	
					To				To	
		City	State	Zip Code		City	State	Zip Code		
	territo	ories include Ariza No	ona, Californi	a, Idaho, Louisiana	ouse or legal equivalent in, Nevada, New Mexico, Puer ebtors (Official Form 106H).				mmunity property states and	

Case 16-32211 Doc 1 Filed 10/10/16 Entered 10/10/16 09:30:30 Desc Main Document Page 41 of 70

ebtor 1 Sherry First Name Mid	dle Name Last N		number (if known)	
art 2: Explain the Sources of You				
Did you have any income from employ Fill in the total amount of income you rece activities. If you are filing a joint case and y No Yes. Fill in the details.	ment or from operating a bived from all jobs and all busin	nesses, including part-time		years?
	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	✓ Wages, commissions, bonuses, tips Operating a business	\$33000.00	Wages, commissions, bonuses, tips Operating a business	
For last calendar year: (January 1 to December 31, 2015) YYYYY	✓ Wages, commissions, bonuses, tips Operating a business	\$30000.00	 Wages, commissions, bonuses, tips Operating a business	
For the calendar year before that: (January 1 to December 31, 2014) YYYYY	✓ Wages, commissions, bonuses, tips Operating a business	\$41000.00	☐ Wages, commissions, bonuses, tips ☐ Operating a business	
Include income regardless of whether that is benefit payments; pensions; rental income; case and you have income that you received List each source and the gross income from No Yes. Fill in the details.	; interest; dividends; money co ed together, list it only once und	ollected from lawsuits; royalties der Debtor 1.	; and gambling and lottery win	
	Debtor 1		Debtor 2	
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:				
For last calendar year: (January 1 to December 31, 2015) YYYY	_			
For the calendar year before that: (January 1 to December 31, 2014)				

Case 16-32211 Doc 1 Filed 10/10/16 Entered 10/10/16 09:30:30 Desc Main Document Page 42 of 70

	First Name		Middle Name	Last Name		ilibel (ii kriowri)	
		_					
rt 3:	_ist Certain	Paymen	ts You Made B	efore You Filed for	Bankruptcy		
Are ei	ther Debtor 1	's or Debto	r 2's debts prima	rily consumer debts?			
_			-		Canaumar dahta ara dafina	d in 11 LLC C & 101/0\ oo "ind	surred by an individual
⊔ '`			l, family, or househo		Consumer debts are define	ed in 11 U.S.C. § 101(8) as "inc	curred by an individual
	During the	90 days befo	ore you filed for ban	nkruptcy, did you pay any c	reditor a total of \$6,425* or r	more?	
	No. Go	to line 7.					
	t	otal amount	you paid that credi	itor. Do not include payme	5* or more in one or more pa nts for domestic support ob to an attorney for this bankru	ligations, such as	
	* Subject to	adjustment	on 4/01/19 and eve	ery 3 years after that for ca	ses filed on or after the date	e of adjustment.	
✓ Y	es. Debtor 1 c	or Debtor 2	or both have prir	marily consumer debts.			
	During the	90 days befo	ore you filed for ban	nkruptcy, did you pay any c	reditor a total of \$600 or mo	re?	
	✓ No. Go	to line 7.					
	Yes.ı	_ist below ea	ach creditor to whon	n you paid a total of \$600 (or more and the total amoun	t you paid	
	t	hat creditor.	Do not include pay	yments for domestic supp	ort obligations, such as child		
	6	alimony. Also	o, do not include pa	yments to an attorney for t	nis bankruptcy case.		
				Dates of payment	Total amount paid	Amount you still owe	Was this payment for
-							Mortgage
(Creditor's Nam	е					Car
N	Number Street						Credit card
-							Loan repayment
-	City	State	Zip Code				Suppliers or vendors
	•		•				Other
(Creditor's Nam	e					Mortgage
_	Number Street						Car Credit card
_	tarribor Guroot						Loan repayment
_							Suppliers or
(City	State	Zip Code				vendors
_							Other
C	Creditor's Nam	e					☐ Mortgage ☐ Car
N	Number Street						Credit card
_							Loan repayment
-	City	State	Zip Code				Suppliers or vendors
	/		p				Other

Case 16-32211 Doc 1 Filed 10/10/16 Entered 10/10/16 09:30:30 Desc Main Document Page 43 of 70

	Sherry	Middle None		nith	Case number (if known)
	First Name	Middle Name	Las	st Name		
Inside corpo agent	in 1 year before you filed to ers include your relatives; an prations of which you are an t, including one for a busines as child support and alimony	y general partners officer, director, pe ss you operate as a	; relatives of any rson in control, or	general partners; par owner of 20% or mo	tnerships of which y ore of their voting se	rou are a general partner; curities; and any managing
	No Yes. List all payments to an i	nsider.				
			Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
ī	nsider's Name					
١	Number Street					
(City State	Zip Code				
ī	nsider's Name					
<u></u>	Number Street					
(City State	Zip Code				
inside				payments or trans	fer any property o	n account of a debt that benefited an
	No Yes. List all payments that be	nefited an insider.				
_	, ,		Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
						Include creditor's name
Ī	nsider's Name					
<u></u>	Number Street					
	City State	Zip Code				
ī	nsider's Name					
1	Number Street					
_						

Case 16-32211 Doc 1 Filed 10/10/16 Entered 10/10/16 09:30:30 Desc Main Document Page 44 of 70

Deb	otor 1	Sherry First Name	Middle N	Name	Smith Last Name	Ca	ise number (if k	nown)		
Par	t 4:	Identify Legal A	Actions, Repos	sessions,	and Foreclosures	5				
	List a				a party in any lawsui claims actions, divorces					difications, and
		No Yes. Fill in the details	s.							
				Nature	of the case	Court or ac	gency		Status of	the case
		Case title				Court Name			Pendi	_
		Case number							On ap	
						NumberStre	eet		contai	adou
						City	State	Zip Code		
		Case title							Pendi	ng
						Court Name	9		On ap	
		Case number				NumberStre	eet		Concl	uded
						City	State	Zip Code		
					y of your property rep	-				
		eck all that apply and No. Go to line 11. Yes. Fill in the infor		vv.	Describe the prope	rty		Date		ue of the perty
		Creditor's Name				_				
		Number Street			Explain what happe	ened				
		Number Street			Property was rep	ossessed.				
					Property was for					
		City	State Zip	Code	Property was ga		or levied.			
			<u> </u>		Describe the prope			Date		ue of the perty
		One disease No								
		Creditor's Name			Explain what happe	ened				
		Number Street								
					Property was rep					
					Property was for Property was ga					
		City	State Zip	Code	Property was atta		or levied.			

Case 16-32211 Doc 1 Filed 10/10/16 Entered 10/10/16 09:30:30 Desc Main Document Page 45 of 70

Deb	tor 1	Sherry First Name Middle Name		Smith Last Name	Case number (if known)		
		riist Name - Milodie Name		Last Name			
11.		thin 90 days before you filed for bankrupt counts or refuse to make a payment becau			pank or financial institution,	set off any amou	nts from your
	✓	No Yes. Fill in the details.					
				Describe the action th	ne creditor took	Date action was taken	Amount
		Creditor's Name					
		Number Street					
				Last 4 digits of account	number: XXXX-		
		City State Zip Coo	le				
12.		hin 1 year before you filed for bankruptcy pointed receiver, a custodian, or another o		of your property in the	possession of an assignee f	or the benefit of	creditors, a court-
		No					
		Yes					
Part	5:	List Certain Gifts and Contribution	ons				
					atal and a state of many them \$000		
13.	VVI	ithin 2 years before you filed for bankrupt -	cy, ala yo	ou give any gifts with a t	otal value of more than \$600	per person?	
		No Yes. Fill in the details for each gift.					
		Gifts with a total value of more than \$60	00	Describe the gifts		Dates you	Value
		per person		· ·		gave the gifts	
		Person to Whom You Gave the Gift					
		Number Street					
		City State Zip Coo	de				
		Person's relationship to you					
		Person to Whom You Gave the Gift					
		Number Street					
		City State Zip Coo	de				
		Person's relationship to you					

Case 16-32211 Doc 1 Filed 10/10/16 Entered 10/10/16 09:30:30 Desc Main Document Page 46 of 70

Deb	tor 1	Sherry First Name	Middle Name	Smith Last Name	Case number (if known)		
14.	Wit	hin 2 years before you filed for	r bankruptcy, did yo	ou give any gifts or contribut	tions with a total value of	more than \$600 t	o any charity?
		Yes. Fill in the details for each g	ift or contribution.				
		Gifts or contributions to chat that total more than \$600	rities	Describe what you contrib	outed	Date you contributed	Value
		Charity's Name					
		New York Office (
		Number Street					
		City State	Zip Code				
		nbling? No Yes. Fill in the details. Describe the property you lose how the loss occurred	st and	Describe any insurance of Include the amount that insurance claims or A/B: Property.	rance has paid. List	Date of your loss	Value of property lost
		ut seeking bankruptcy or prep ude any attorneys, bankruptcy pet No Yes. Fill in the details.				Date payment or transfer	Amount of payment
		I AW EIDM		Attorney's Fee - 350.00		was made	\$350.00
		Person Who Was Paid 11101 S. Western Avenue Number Street		Attorney's Fee - 350.00		10/7/2016	<u>\$350.00</u>
		Chicago Illinois	60643				
		City State	Zip Code				
		Email or website address					
		Person Who Made the Payment	;, if Not You				
		Person Who Was Paid					
		Number Street					
		City State	Zip Code				
		Email or website address					
		Person Who Made the Payment	i, if Not You				

Case 16-32211 Doc 1 Filed 10/10/16 Entered 10/10/16 09:30:30 Desc Main Document Page 47 of 70

Deb	tor 1	Sherry		Smith	Case number (if known)		
		First Name	Middle Name	Last Name			
17.	help	hin 1 year before you filed to you deal with your credito not include any payment or tra No Yes. Fill in the details.	rs or to make payments		our behalf pay or transfer	any property to anyo	one who promised to
	ш	res. I ill ill the details.					
				Description and value of a transferred	any property		Amount of payment
		Person Who Was Paid					
		Number Street					
		City State	Zip Code				
		City State	Zip Code				
		ude both outright transfers and sfers that you have already list No Yes. Fill in the details.		rity (such as the granting of a			
				Description and value of a property transferred		y property or eceived or debts paid	Date d transfer was made
		Person Who Received Tran	sfer				
		Number Street					
		City State Person's relationship to you	Zip Code				
		Person Who Received Tran	sfer				
		Number Street					
		City State Person's relationship to you	Zip Code				
19.		hin 10 years before you file ese are often called asset-pro		ou transfer any property to a	self-settled trust or simi	lar device of which y	ou are a beneficiary?
	V	No Yes. Fill in the details.					
	Ц	res. Fill III the details.		Description and value of	the property transferred	d	Date transfer was made
		Name of trust					

Case 16-32211 Doc 1 Filed 10/10/16 Entered 10/10/16 09:30:30 Desc Main Document Page 48 of 70

Debt	or 1	Sherry First Name Middle Name	Smith Last Name	Case number (if known)			
Part	٥.	List Certain Financial Accounts, Ins		vos and Storago Units			
20.	Witl mov	hin 1 year before you filed for bankruptcy, we ved, or transferred?	ere any financial accounts or instruments held in your name, or for your benefit, closed, sold, nancial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds,				
	<u>√</u>	No Yes. Fill in the details.			Laghdana		
			Last 4 digits of account number	Type of account or instrument account was closed, sold, moved, or transferred	Last balance before closing or transfer		
		Person Who Was Paid	- XXXX-	Checking Savings			
		Number Street	-	Money market Brokerage Other			
		City State Zip Code	-	<u>-</u>			
		Person Who Was Paid	- XXXX-	Checking Savings			
		Number Street	-	Money market Brokerage			
			- -	Other			
		City State Zip Code					
21.		you now have, or did you have within 1 year ber valuables?	pefore you filed for bankruptcy, an	y safe deposit box or other depository for secur	ities, cash, or		
		No No Ellisation desire					
	Ш	Yes. Fill in the details.	Who else had access to it?	Describe the contents	Do you still have it?		
		Name of Financial Institution	Name		☐ No ☐ Yes		
		Number Street	Number Street	0.1.			
			City State Zip	Code			
22	Uesr	City State Zip Code e you stored property in a storage unit or pla	aa athau thau waxu hama withiu 1	very before very filed for bouler into 2			
22.	Пач	No	ce other than your nome within 1	year before you filed for ballkruptcy?			
	✓	Yes. Fill in the details.					
			Who else had access to it?	Describe the contents	Do you still have it?		
		Public Storage Name of Storage Facility 701 Western Ave	Name	Misc. Household Goods and Furniture	☐ No ✓ Yes		
		Number Street	Number Street		_		
		Glendale California 91201 City State Zip Code	City State Zip	Code			

Case 16-32211 Doc 1 Filed 10/10/16 Entered 10/10/16 09:30:30 Desc Main Document Page 49 of 70

			Last Name			
	First Name Middle Name					
t 9:	Identify Property You Hold or Con-	trol for Som	neone Else			
Do	o you hold or control any property that some	one else owns	s? Include an	/ property you b	orrowed from, are storing for, or hold in	n trust for
	omeone.		•		, ,	
Į,	No					
Ě	Yes. Fill in the details.					
	-	Where is t	the property?		Describe the contents	Value
			,			
	Owner's Name	Number Str	reet			
	Number Street	·				
	Number Street					
	-	City	State	Zip Code		
	City State Zip Code	•				
	City State Zip Code					
t 10	: Give Details About Environmenta	I Informatio	n			
r the	purpose of Part 10, the following definitions appl	y:				
	Environmental law means any federal, state, or l	•	equilation cond	erning pollution of	contamination releases of	
	hazardous or toxic substances, wastes, or mater		-	• .		
	including statutes or regulations controlling the o			, 0	•	
	Site means any location, facility, or property as de	efined under anv	environmenta	law. whether you	now own, operate, or utilize it	
	or used to own, operate, or utilize it, including di			,	, , ,	
	Hazardous material means anything an environn	nental law define	es as a hazardo	ous waste, hazard	ous substance,	
	toxic substance, hazardous material, pollutant, c					
	toxio substantoc, nazaraous materiai, polititant, o	Ontaminant, or s	similar term.			
	•			they occurred.		
	all notices, releases, and proceedings that you k			they occurred.		
eport	•	now about, rega	ardless of when	·	or in violation of an environmental law?	
port	all notices, releases, and proceedings that you k	now about, rega	ardless of when	·	or in violation of an environmental law?	
port	all notices, releases, and proceedings that you keep as any governmental unit notified you that you	now about, rega	ardless of when	·	or in violation of an environmental law?	
port	all notices, releases, and proceedings that you k	now about, rega	ordless of wher	·		
port	all notices, releases, and proceedings that you keep as any governmental unit notified you that you	now about, rega	ordless of wher	·	or in violation of an environmental law? Environmental law, if you know it	Date of notice
port	all notices, releases, and proceedings that you keep as any governmental unit notified you that you	now about, rega	ordless of wher	·		Date of
port	all notices, releases, and proceedings that you keep as any governmental unit notified you that you	now about, rega	ordless of wher le or potentia ental unit	·		Date of
port	all notices, releases, and proceedings that you keeps as any governmental unit notified you that you not notified you that you not	now about, rega	ardless of wher le or potentia ental unit	·		Date of
port	all notices, releases, and proceedings that you keeps any governmental unit notified you that you not notified you that you not not notified you that you not	Governmen	ardless of wher le or potentia ental unit	·		Date of
port	all notices, releases, and proceedings that you keeps any governmental unit notified you that you not notified you that you not not notified you that you not	Governmen	ardless of wher le or potentia ental unit	·		Date of
port	all notices, releases, and proceedings that you keeps as any governmental unit notified you that you have as any governmental unit notified you that you have a hour of site. Name of site Number Street	Governmen Governmen Number Str	ental unit	lly liable under o		Date of
port	all notices, releases, and proceedings that you keeps any governmental unit notified you that you not notified you that you not not notified you that you not	Governmen Governmen Number Str	ental unit	lly liable under o		Date of
Ha	all notices, releases, and proceedings that you keeps as any governmental unit notified you that you have as any governmental unit notified you that you have a hour of site. Name of site Number Street	Government Summer Street	le or potential ental unit ental unit eet State	Zip Code		Date of
Ha	all notices, releases, and proceedings that you keeps any governmental unit notified you that you have you. Yes. Fill in the details. Name of site Number Street City State Zip Code ave you notified any governmental unit of any governmental un	Government Summer Street	le or potential ental unit ental unit eet State	Zip Code		Date of
Ha 🔽	all notices, releases, and proceedings that you keeps as any governmental unit notified you that you have as any governmental unit notified you that you have as any governmental unit notified you that you have a have a hard any first have a hard and a hard any first have a hard any first have a hard any first hard and hard any first have a hard any first hard and hard any first hard any first hard and hard any first hard any first hard any firs	Government Summer Street	le or potential ental unit ental unit eet State	Zip Code		Date of
Ha	all notices, releases, and proceedings that you keeps as any governmental unit notified you that you have as any governmental unit notified you that you have yes. Fill in the details. Name of site Number Street City State Zip Code ave you notified any governmental unit of any notified any not	Government Summer Street	ental unit Teet State	Zip Code		Date of
Ha	all notices, releases, and proceedings that you keeps as any governmental unit notified you that you have as any governmental unit notified you that you have yes. Fill in the details. Name of site Number Street City State Zip Code ave you notified any governmental unit of any notified any not	Government Government Government Number Str	ental unit Teet State	Zip Code	Environmental law, if you know it	Date of notice
Ha 🔽	all notices, releases, and proceedings that you keeps any governmental unit notified you that you have as any governmental unit notified you that you have yes. Fill in the details. Name of site Number Street City State Zip Code ave you notified any governmental unit of any yes. Fill in the details.	Government Government Government Number Str City y release of hat	ental unit State State azardous mate	Zip Code	Environmental law, if you know it	Date of notice
Ha 🔽	all notices, releases, and proceedings that you keeps as any governmental unit notified you that you have as any governmental unit notified you that you have yes. Fill in the details. Name of site Number Street City State Zip Code ave you notified any governmental unit of any notified any not	Government Government Government Number Str	ental unit State State azardous mate	Zip Code	Environmental law, if you know it	Date of notice
Ha	all notices, releases, and proceedings that you keeps any governmental unit notified you that you have as any governmental unit notified you that you have yes. Fill in the details. Name of site Number Street City State Zip Code ave you notified any governmental unit of any yes. Fill in the details.	Government Government Government Number Str City y release of hat	ental unit State State azardous mate ental unit	Zip Code	Environmental law, if you know it	Date of notice
Ha	all notices, releases, and proceedings that you kees any governmental unit notified you that you have as any governmental unit notified you that you have. Fill in the details. Name of site Number Street City State Zip Code ave you notified any governmental unit of any yes. Fill in the details. No Yes. Fill in the details.	Government	ental unit State State azardous mate ental unit	Zip Code	Environmental law, if you know it	Date of notice
Ha	all notices, releases, and proceedings that you kees any governmental unit notified you that you have as any governmental unit notified you that you have. Fill in the details. Name of site Number Street City State Zip Code ave you notified any governmental unit of any yes. Fill in the details. No Yes. Fill in the details.	Government	ental unit State State azardous mate ental unit	Zip Code	Environmental law, if you know it	Date of notice
eport . Ha	all notices, releases, and proceedings that you kees any governmental unit notified you that you have as any governmental unit notified you that you have. Fill in the details. Name of site Number Street City State Zip Code ave you notified any governmental unit of any yes. Fill in the details. No Yes. Fill in the details.	Government Government Government City Government Government Government Government Government Number Str	ental unit ental unit eata unit	Zip Code	Environmental law, if you know it	Date of notice

Case 16-32211 Doc 1 Filed 10/10/16 Entered 10/10/16 09:30:30 Desc Main Document Page 50 of 70

Deb	tor 1	Sherry			Smith	Case	number (if known)	
		First Name		Middle Name	Last Name			
26.	Hav	e you been a party	/ in any judici	al or administra	tive proceeding under	any environmenta	al law? Include settlements and orders	s.
	✓	No						
		Yes. Fill in the deta	ils.					
				1	Court or agency		Nature of the case	Status of the case
		Case title						п ъ ::
				 -	Court Name			Pending
				<u></u>	Court Name			On appeal
		Case number			Number Street	_		Concluded
				ī	City State	Zip Code		
		اما ما				ъ.		
Part	11:	Give Details A	bout Your	Business or	Connections to Ar	y Business		
27.	With	nin 4 vears before	you filed for l	nankruptcy did	vou own a business or	have any of the fo	ollowing connections to any business	?
	*****	iii 4 years before	you mou for i	sanki aptoy, ala	you own a business of	nave any or the n	onewing connections to any business	' <u>•</u>
		A sole propriet	tor or self-emp	oyed in a trade, p	profession, or other activit	y, either full-time o	r part-time	
		A member of a	a limited liability	company (LLC)	or limited liability partners	ship (LLP)		
		A partner in a	partnership					
		An officer, dire	ctor, or manag	ing executive of a	a corporation			
			-	•	securities of a corporatio	n		
					, , , , , , , , , , , , , , , , , , , ,			
	\blacksquare	No. None of the abo						
	Ш	Yes. Check all that	apply above ar	nd fill in the details	below for each business			
					Describe the natu	re of the busines		
							include Social Security nu	ımber or ITIN.
					_		EIN:	
		Business Name						
		Number Street			_		Dates business existed	
		Number Street			Name of account	ant or bookkeepe	er	
		City	State	Zip Code	_		From To	
		City	Siale	Zip Code				
					Describe the natu	ire of the busines	1 - 7	
							include Social Security nu	imber or IIIN.
		Business Name			_		EIN:	
		Dusiness Name						
		Number Street			_		Dates business existed	
		. tarribor Otroot			Name of account	ant or bookkeepe	er	
		City	State	Zip Code			From To	
		J.,	Julio	p				_
								_
					Describe the natu	ire of the busines	Employer Identification n include Social Security nu	
					_		EIN:	
		Business Name						
		Number Street			_		Dates business existed	
		Number Street			Name of account	ant or bookkeepe	er	
		City	State	Zip Code			FromTo	
		Oity	Sidit	Zip Code				

Case 16-32211 Doc 1 Filed 10/10/16 Entered 10/10/16 09:30:30 Desc Main Document Page 51 of 70

Debto	or 1	Sherry			Smith	Case number (if known)
		First Name		Middle Name	Last Name	
	cred	nin 2 years before y litors, or other part No Yes. Fill in the detail	ties.	bankruptcy, did you	give a financial statement	to anyone about your business? Include all financial institutions,
l					Data issued	
					Date issued	
		Name			MM/DD/YYYY	
		name				
		Number Street				
		Number Street				
		City	State	Zip Code		
		- City	State	Zip Code		
Part '	12:	Sign Below				
tr	rue a	and correct. I unde ruptcy case can res	rstand that I	naking a false stater	ment, concealing property, prisonment for up to 20 year	s, and I declare under penalty of perjury that the answers are or obtaining money or property by fraud in connection with a ars, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.
		Signatu	re of Debtor	1		Signature of Debtor 2
		Date 1	0/10/2016			Date 10/10/2016
D)id v	ou attach addition	al pages to '	our Statement of Fi	nancial Affairs for Individu	uals Filing for Bankruptcy (Official Form 107)?
_	_		pg			g
Ŀ	▋▝	lo				
	Y	'es				
D	oid y	ou pay or agree to	pay someor	ne who is not an atto	rney to help you fill out bar	nkruptcy forms?
Γ.	7 N	lo				
		es. Name of person				Attach the Bankruptcy Petition Preparer's Notice,
L	┙'	os. Name of person				Declaration, and Signature (Official Form 119).

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

	\$245	filing fee
	\$75	administrative fee
+	\$15	trustee surcharge
	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes:
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft:
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

	\$1,167	filing fee	
+	\$550	administrative fee	
	\$1,717	total fee	

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$275	total fee
+	\$75	administrative fee
	\$200	filing fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes.
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://www.justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Case 16-32211 Doc 1 Filed 10/10/16 Entered 10/10/16 09:30:30 Desc Main Document Page 56 of 70

B 203 (12/94)

UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

In re	Sherry Smith ; Michael Smith	Case	e No.				
	Debtor		-	known)			
		Chap	oter Chap	oter 13			
	DISCLOSURE OF COM	PENSATION OF ATTORI	NEY FOR DEE	BTOR			
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bathat compensation paid to me within one yes ervices rendered or to be rendered on behis as follows:	ar before the filing of the petition in ban	kruptcy, or agreed to be	e paid to me, for			
	For legal services, I have agreed to accept			\$4,000.0			
	Prior to the filing of this statement I have re	eceived		\$350.0			
	Balance Due			\$3,650.0			
2	The source of the compensation paid to me	was:					
۷.	Debtor	Other (specify)					
	V Dobton	Cilier (openity)					
3.	The source of the compensation paid to me	is:					
	Debtor	Other (specify)					
4.	I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.						
	I have agreed to share the above-disclomembers or associates of my law firm. the people sharing in the compensation	sed compensation with a other person o A copy of the agreement, together with is attached.	r persons who are not a a list of the names of				
5.	In return for the above-disclosed fee, I have a. Analysis of the debtor's financial situ bankruptcy;	-		-			
	b. Preparation and filing of any petition	b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;					
	c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;						
	d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;						
6.	By agreement with the debtor(s), the above	-disclosed fee does not include the follo	wing services:				
		CERTIFICATION					
of th	I certify that the foregoing is a complete statene debtor(s) in this bankruptcy proceedings.	ement of any agreement or arrangemen	t for payment to me for	representation			
	10/10/2016	/s/ Sean McN	ulty				
	Date	Signature of Att	orney				
		Semrad Law F	Firm				
		Name of law		 ,			

Case 16-32211 Doc 1 Filed 10/10/16 Entered 10/10/16 09:30:30 Desc Main Document Page 57 of 70

UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

In re:	Smith, Sherry; Smith, Michael	Case No	
	Debtor(s)	0000 No.	
		Chapter.	Chapter13
	VERIFICATION	N OF CREDITOR MAT	TRIX
	The above named Debtors hereby verify that the	attached list of creditors is true	e and correct to the best of their knowledge.
Date:	10/10/2016	/s/ Smith, Sherr	у
		Smith, Sherry Signature of De	btor
		/s/ Smith, Micha	nel
		Smith, Michael Signature of Joi	nt Debtor

WFDS PO BOX 19657 IRVINE, CA 92623

DEPT OF ED/NAVIENT PO Box 9635 Wilkes Barre , PA 18773

DEPT OF ED/NAVIENT PO Box 9635 Wilkes Barre, PA 18773

SPRINGLEAF FINANCIAL S PO Box 3251 c/o MELISSA S. FRYMIRE Evansville , IN 47731

WEBBNK/FHUT 6250 RIDGEWOOD ROA SAINT CLOUD , MN 56303

SPRINGLEAF FINANCIAL S PO Box 3251 c/o MELISSA S. FRYMIRE Evansville , IN 47731

CBNA PO Box 6497 Sioux Falls , SD 57117

CAP1/MNRDS PO BOX 30253 SALT LAKE CITY , UT 84130

CCI 501 Greene Street # 302 Augusta , GA 30901

I C SYSTEM INC PO BOX 64378 SAINT PAUL, MN 55164

Chase Mortgage PO Box 24696 Columbus , OH 43224

Check N Go - 103rd 238 E 103rd St Case 16-32211 Doc 1 Filed 10/10/16 Entered 10/10/16 09:30:30 Desc Main Document Page 59 of 70

Chicago , IL 60628

Americash 3200 W. 159th Street Harvey, IL 60426

Ladder Credit LCO P.O. Box 1734 Hayward , WI 54843

Sierra Lending P.O. Box 647 Santa Ysabel , CA 92070

Franciscan Alliance, Inc. 28044 Network Place Chicago, IL 60673

Comcast 11621 E. Marginal Way # 5 Bankruptcy Dept Seattle , WA 98168

Village of Richton Park - Parking 4455 Sauk Trail Richton Park , IL 60471

Village of Richton Park Water Department 4455 Sauk Trail Richton Park , IL 60471

City of Chicago Parking 121 N. LaSalle St # 107A Chicago , IL 60602

Goosen, Molly 22807 Ridgeway Richton Park , IL 60471

	A SAME A SAME A SAME AS	Document Pa	ge 61 of 70		
Debtor 1 Sherry First Name	- Middle Name	Smith Last Name	Case number (if kn	iown)	
Part 6: Answer These Que	estions for Reporting Purp	poses	Ville on Ed. state de Maria Ma	A CONTRACTOR AND A CONT	
16. What kind of debts do you have?	"incurred by an indiv No. Go to line 1 Yes. Go to line 1	vidual primarily for a p 6b. 17. narily business debts as or investment or thr 6c. 17.	ersonal, family, or house? Business debts are dough the operation of	lebts that you incurred to obtain the business or investment.	
17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?		hapter 7. Do you estimat		property is excluded and administrative ured creditors?	
18. How many creditors do you estimate that you owe?	✓ 1-49☐ 50-99☐ 100-199☐ 200-999	Source	5,000 10,000 1-25,000	25,001-50,000 50,001-100,000 More than 100,000	
19. How much do you estimate your assets to be worth?	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million	\$10,00 \$50,00	0,001-\$10 million 00,001-\$50 million 00,001-\$100 million 000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion	
o. How much do you estimate your liabilities to be?	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million	\$10,00 \$50,00	0,001-\$10 million 00,001-\$50 million 00,001-\$100 million 000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion	
Part 7: Sign Below					
	I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Sherry Smith /s/ Sherry Smith Signature of Debtor 1				
	Executed on 10/7/2	2016 M / DD / YYYY	Executed	I on10/7/2016 MM / DD / YYYY	

Case 16-32211 Doc 1 Filed 10/10/16 Entered 10/10/16 09:30:30 Desc Main

	Case 16-3221			Entered 10/10/16 09:3 Page 62 of 70	0:30 Desc Main
Fill in this infor	mation to identify your ca	Se.	of the Control of the Association (Association of the Control of t		The second secon
Debtor 1					
Deplor 1	Sherry First Name	Middle Name	Smith Last Nan	ne	The second secon
Debtor 2	Michael		Smith		
(Spouse, if filing)	First Name	Middle Name	Last Nan	ne ,	
United States E	Bankruptcy Court for the:	Northern	District of Illino		
Case number (If known)	-		·		
Official	Form 106De	C			Check if this is an amended filing
Declarat	ion About an I	– ndividual Deb	tor's Sch	edules	12/15
f two married	people are filing togethe	r, both are equally respo	nsible for suppl	ying correct information.	
✓ No	ay or agree to pay some on a some of person	ne who is NOT an attorn	Attach E	fill out bankruptcy forms? Bankruptcy Petition Preparer's Notice, a re (Official Form 119).	Declaration, and
	are true and correct. y Smith	that I have read the sum	1	dules filed with this declaration an ✓ /s/ Michael Smith Signature of Debtor 2	d hul Sunh
Date 10/7	/2016 /DD/YYYY	·		Date 10/7/2016 MM/DD/YYYY	
			· · · · · · · · · · · · · · · · · · ·		
Markette to a second				the state of the s	
	in the control of the		commence of the second section is as		
	the second secon		e a color telebrane dust a conserva		
	The state of the s		e de America de La Companya de La Co	The Market Statement of Ma	- Committee of the Comm
	and the second s		Sar Paganif and Africa	a see hall a de third and the second	

	6-32211 Doc 1 F	Document Pa	Entered 10/10/16 09:30:30 age 63 of 70	
ebtor 1 Sherry First Name	Middle Name	Smith Last Name	Case number (ff known)	The first section of the first
3. Within 2 years before y creditors, or other part		ou give a financial state	ment to anyone about your business?	Include all financial institution
✓ No Yes. Fill in the deta	ls below.			
		Date issued		
Name		MM/DD/YYYY	_	
Number Street		_		
		_		
City ort 12: Sign Below	State Zip Code			
It 12: Sign Below I have read the answers of true and correct. I unders a bankruptcy case can read the sign of th	on this Statement of Financia stand that making a false sta sult in fines up to \$250,000, herry Smith	itement, concealing pro	ments, and I declare under penalty of perty, or obtaining money or property I to 20 years, or both. 18 U.S.C. §§ 152, /s/ Michael Smith Signature of Debtor 2	by fraud in connection with
I have read the answers of true and correct. I unders a bankruptcy case can result of the second sec	on this Statement of Financia stand that making a false states usult in fines up to \$250,000, herry Smith of Debtor 1	atement, concealing pro or imprisonment for up	perty, or obtaining money or property to 20 years, or both. 18 U.S.C. §§ 152, /s/ Michael Smith Signature of Debtor 2 Date 10/7/2016	oy fraud in connection with 1341, 1519, and 3571.
I have read the answers of true and correct. I unders a bankruptcy case can read the same a bankruptcy case can read true. /s/ Signature. Date 10. Did you attach additional	on this Statement of Financia stand that making a false states usult in fines up to \$250,000, herry Smith of Debtor 1	atement, concealing pro or imprisonment for up	perty, or obtaining money or property to 20 years, or both. 18 U.S.C. §§ 152, /s/ Michael Smith Signature of Debtor 2	oy fraud in connection with 1341, 1519, and 3571.
I have read the answers of true and correct. I unders a bankruptcy case can result of the second sec	on this Statement of Financia stand that making a false states usult in fines up to \$250,000, herry Smith of Debtor 1	atement, concealing pro or imprisonment for up	perty, or obtaining money or property to 20 years, or both. 18 U.S.C. §§ 152, /s/ Michael Smith Signature of Debtor 2 Date 10/7/2016	oy fraud in connection with 1341, 1519, and 3571.
I have read the answers of true and correct. I unders a bankruptcy case can read the second s	on this Statement of Financia stand that making a false states usult in fines up to \$250,000, herry Smith of Debtor 1	atement, concealing pro or imprisonment for up	perty, or obtaining money or property is to 20 years, or both. 18 U.S.C. §§ 152, /s/ Michael Smith Signature of Debtor 2 Date 10/7/2016 ividuals Filing for Bankruptcy (Official I	oy fraud in connection with 1341, 1519, and 3571.
I have read the answers of true and correct. I unders a bankruptcy case can read the second s	on this Statement of Financiastand that making a false state sult in fines up to \$250,000, nerry Smith of Debtor 1. 77/2016 pages to Your Statement of	atement, concealing pro or imprisonment for up	perty, or obtaining money or property is to 20 years, or both. 18 U.S.C. §§ 152, /s/ Michael Smith Signature of Debtor 2 Date 10/7/2016 ividuals Filing for Bankruptcy (Official I	oy fraud in connection with 1341, 1519, and 3571.

The second secon	A STATE OF THE PROPERTY OF THE	Northern Distric	KRUPTCY COURT ot of Illinois		
re:	Smith, Sherry ; Smith, Michael		Case No		
	Debtor(s)		Chapter.	Chapter13	
	VERIFIC	ATION OF CI	REDITOR MATR	IX .	
The wledge.	e above named Debtors hereby verify	that the attached	list of creditors is true	and correct to the best of their	
,,,,oago.					
ıte:	10/7/2016		/s/ Smith, Sherry 😂		
		-	Smith, Sherry Signature of Debtor	Wehntlink	
			/s/ Smith, Michael Smith, Michael	Alla Smeth	
			Signature of Joint De	əbtor ()	
			,		

Case 16-32211 Doc 1 Filed 10/10/16 Entered 10/10/16 09:30:30 Desc Main

Document Page 65 of 70

Debto	or 1 Sherry First Name	Sn Middle Name	ith Case number (ffknown)	
16.	Calculate the median family incom			
	16a. Fill in the state in which you live			
	16b. Fill in the number of people in y			
	16c. Fill in the median family income			\$72,429.00
	household	·	To find a list of applicable median income amount	
17.	using the link specified in the se	eparate instructions for this fo	m. This list may also be available at the bankruptcy cle	rk's office.
17.		ual to line 16c. On the top of	page 1 of this form, check box 1, Disposable income i	is not determined
			out Calculation of Disposable Income (Official Form 1	
	U.S.C. § 1325(b)(3). Go to		this form, check box 2, <i>Disposable income is determin</i> ion of Disposable Income (Official Form 122C-2). Cove.	
Part :	Calculate Your Commitme	nt Period Under 11 U.S.	C. §1325(b)(4)	
18.	Copy your total average monthly in	ncome from line 11.		\$3,540.84
19.			your spouse is not filing with you, and you contend the aduct part of your spouse's income, copy the amount	
	19a. If the marital adjustment does no	ot apply, fill in 0 on line 19a.		-\$0.00
	19b. Subtract line 19a from line 18	3.		\$3,540.84
20.	Calculate your current monthly inc	come for the year. Follow th	ese steps:	3
	20a. Copy line 19b.			\$3,540.84
	Multiply by 12 (the number of m	nonths in a year).		x 12
	20b. The result is your current month	lly income for the year for this	part of the form.	\$42,490.08
	20c. Copy the median family income	for your state and size of hou	sehold from line 16c.	\$72,429.00
21.	How do the lines compare?			
	Line 20b is less than line 20c. Ur commitment period is 3 years. G		e court, on the top of page 1 of this form, check box 3	, The
	Line 20b is more than or equal to 4, The commitment period is 5 y		rdered by the court, on the top of page 1 of this form,	check box
Part 4	Sign Below			
	By signing here, I declare under p	penalty of perjury that the info	mation on this statement and in any attachments is tru	ue and correct.
	4	Park Saine	4-	
	/s/ Sherry Smith Signature of Debtor 1	WAY MUCH	/s/ Michael Smith Muchael	Leigh
	Signature of Debtor I	0	Signature of Debtor 2	
	Date 10/7/2016 MM/DD/YYYY		Date 10/7/2016	
			MM/DD/YYYY	
	If you checked 17a, do NOT fill o If you checked 17b, fill out Form above.		rm. On line 39 of that form, copy your current monthly	/ income from line 14
				The street of the street street street and street street and street stre

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

A. BEFORE THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

Case 16-32211 Doc 1 Filed 10/10/16 Entered 10/10/16 09:30:30 Desc Main

Document Page 67 of 70

6. Advise the debtor of the need to maintain appropriate insurance.

B. AFTER THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

Case 16-32211	Doc 1	Filed 10/10/16	Entered 10/10	/16 09:30:30	Desc Main
		Document	Page 69 of 70		THE PROPERTY AND ADDRESS OF THE PROPERTY A

D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

 Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services. However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00 For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$401.52

Case 16-32211 Doc 1 Filed	d 10/10/16 Entered	10/10/16 09:30:30	Desc Mair
Do	cument Page 70 (of 70	

- 3. Before signing this agreement, the attorney has received, \$350.00 toward the flat fee, leaving a balance due of \$3,650.00; and \$91.52 for expenses, leaving a balance due of \$4,051.52
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

Date:

10/7/2016

Signed:

/s/ Sherry Smith

/s/ Michael Smith ^C

Debtor(s)

/s/ Sean McNulty

Attorney for Debtor(s)

Do not sign if the fee amounts at top of this page are blank.